



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

DEC 19 2016

Ms. Doreen Diesel, RN, 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 Human Services' annual licensing inspections on September 27, 2016, September 28, 2016 and September 29, 2016 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 "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
Licensing Inspection Summary

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

<b>PCH Name:</b> Strabane Woods of Washington		<b>License Number:</b> 445420
<b>Address:</b> 319 Wellness Way Washington, Pennsylvania 15301		<b>County:</b> Washington
<b>Administrator:</b> Doreen Diesel		
<b>Legal Entity Name:</b> UPMC Senior Communities		
<b>Legal Entity Address:</b> Forbes Tower, Suite 10055B 200 Lothrop Street Pittsburgh, Pennsylvania 15213		
<b>Certificate(s) of Occupancy:</b> 1-2 (South Strabane Twp.)      1-2 (L&I) 11/17/99                              9/19/00		
<b>Type of Inspection:</b> Full		
<b>Reason(s) for Inspection(s):</b> Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site:</b> September 27-29, 2016 Doug Hoover		
<b>Off-Site Inspection Dates and Inspectors, if Applicable:</b> NA		
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity:</b> 100  <b>Number of Residents Served:</b> 81  <b>Secured Dementia Care Unit in Home:</b> No  <b>Area:</b> NA  <b>Secured Unit Capacity, if Applicable:</b> NA  <b>Number of Residents Served in Secured Dementia Care Unit, if applicable:</b> NA  <b>Number of Current Hospice Residents:</b> 10  <b>Number of Hospice Residents in past year:</b> 10	<b>Number of Residents who:</b>  <b>Receive Supplemental Security Income:</b> 0  <b>Are 60 Years of Age or Older:</b> 81  <b>Have Mental Illness:</b> 0  <b>Have an Intellectual Disability:</b> 0  <b>Have a Mobility Need:</b> 23  <b>Have a Physical Disability:</b> 0	

**RECEIVED**  
 SEP 29 2016  
 CENTRAL REGION FIELD OFFICE  
 Human Services Licensing

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

**Regulation**

65i - Training topics for the annual training for direct care staff persons must include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia, cognitive and neurological impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Assisted living service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the residence.

**Violation**

Direct Care Staff Member A, hired [redacted] 14, did not receive training in medication self-administration and meeting resident needs as described in the assessment tool, medical evaluation and support plan for the 2015 training year.

**Plan of Correction**

The "self-med" module was reviewed with the direct care staff during two separate in services on 11/3/16 & 11/14/16 by [redacted] Director of Resident Care/DRC. See attached "A" & "B". Moving forward these modules will be included in the 2017 training for direct care staff as specified in regulation 65i. The training is provided by [redacted] DRC. Moving forward a spread sheet for each employee will allow the Administrative Assistant to track the in services attended. See attached "C1 & C2". The in service to review module "meeting needs..." will be held on 12/13/16 & 12/21/16.

Printed Name and Title of Legal Entity Representative (Required on all pages) **Doreen Diesel, RN, ALRA**

Signature of Legal Entity Representative (Required on all pages) [Signature] **RN ALRA** Date **12/1/16**

**DEPARTMENT USE ONLY – HOMES MAY NOT WRITE BELOW THIS LINE!**

<p>The above plan of correction is approved as of <u>12-5-16</u> (Date)</p> <p>The above plan of correction was approved by <u>DE</u> (Initials)</p>	<p>Plan of correction implementation status as of <u>12-5-16</u> : (Date)</p> <p>Fully Implemented</p> <p><input checked="" type="checkbox"/> Partially Implemented – Adequate Progress</p> <p>Partially Implemented – Inadequate Progress</p> <p>Not Implemented</p>
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**LICENSING INSPECTION SUMMARY**  
**Assisted Living Residences – 55 Pa.Code § 2800**

**Regulation**

224a2 - An individual shall have a written initial assessment that is documented on the Department's assessment form within 30 days prior to admission.

**Violation**

Resident #1, admitted on [redacted] 16, did not have a written initial assessment completed until 3/28/16.  
 Resident #2, admitted on [redacted] 16, did not have a written initial assessment completed until 8/15/16.

**Plan of Correction**

Moving forward the [redacted] /DRC will immediately sign & date the written initial assessment on the day she completes it, which is within 30 days prior to the resident's admission to the facility. The Resident Support Coordinator/RSC will check the date & signature to verify accuracy to comply with regulation 224a2. This check will occur after the written initial assessment is completed. This double check was immediately implemented upon the next admission following our inspection on 9/29/16. See attached "D1 & D2".  
 Training was provided by the DHS inspector on 9/29/16 during the exit interview. The DRC was in agreement of her error and acknowledged it during this time.

Printed Name and Title of Legal Entity Representative (Required on all pages) **Doreen Diesel, RN, ALFA**

Signature of Legal Entity Representative (Required on all pages) *Doreen Diesel, RN, ALFA* Date **12/1/16**

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The above plan of correction is approved as of 12-5-16  
 (Date)

The above plan of correction was approved by *bs*  
 (Initials)

Plan of correction implementation status as of 12-5-16 :  
 (Date)

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

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

**Regulation**

224c1 - An individual requiring services shall have a written preliminary support plan developed within 30 days prior to admission to the residence.

**Violation**

Resident #1, admitted on [REDACTED] 16, did not have a written preliminary support plan completed until 3/28/16.  
 Resident #2, admitted on [REDACTED] 16, did not have a written preliminary support plan completed until 8/15/16.

**Plan of Correction**

Moving forward the [REDACTED] /DRC will immediately sign & date the written preliminary support plan on the day she completes it, which is within 30 days prior to the resident's admission to the facility. The Resident Support Coordinator/RSC will check the date & signature to verify accuracy to comply with regulation 224c1. This check will occur after the written preliminary support plan is completed. This double check was immediately implemented upon the next admission following our inspection on 9/29/16. See attached "D 1 & D2".  
 Training was provided by the DHS inspector on 9/29/16 during the exit interview. The DRC was in agreement of her error and acknowledged it during this time.

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

Doreen Diesel, RN, ALFA

Signature of Legal Entity Representative (Required on all pages)

*[Handwritten Signature]*

Date

12/1/16

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 (Date)

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