



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 25 2018

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

RE: Strabane Woods of Washington
Certificate #: 445420

Dear Ms. Diesel:

As a result of the Department of Human Services' annual licensing inspection on September 19, 2017 and September 20, 2017, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: Strabane Woods of Washington	License Number: 445420
Address: 319 Wellness Way Washington, PA 15301	County: Washington
Administrator: Doreen Diesel	
Legal Ently Name: UPMC Senior Communities	
Legal Ently Address: Forbes Tower, Suite 10055B 200 Lothrop Street Pittsburgh, PA 15213	
Certificate(s) of Occupancy: I-2 South Strabane Township 11/17/99	
Type of Inspection: Full	
Reason(s) for Inspection(s): Renewal	
On-Site Inspections Dates and Department Representatives On-Site: 9/19/17 and 9/20/17 H. Donald Knee and Courtney Barry	
Off-Site Inspection Dates and Inspectors, If Applicable:	
Resident Demographic Data as of Inspection Dates	
Licensed Capacity: 100 Number of Residents Served: 76 Secured Dementia Care Unit in Home: No Area: N/A Secured Unit Capacity, If Applicable: N/A Number of Residents Served in Secured Dementia Care Unit, If applicable: N/A Number of Current Hospice Residents: 7 Number of Hospice Residents in past year: 13	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 76 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobllity Need: 23 Have a Physical Disability: 0

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

FEB 22 2018

WEST REGION FIELD OFFICE
Human Services Licensing

Regulation

2800.65j - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P.S. §§ 10225.101—10225.708).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the residence that were not previously served, if applicable.

Violation

Direct care staff person A, hired 9/19/07, did not receive annual training on the Older Adult Protective Services Act (OAPSA) during the 2016 training year.

Direct care staff person B, hired 3/24/14, did not receive annual training on the Older Adult Protective Services Act (OAPSA) during the 2016 training year

Plan of Correction

Per violation of regulation 2800.65j(4), the noted employees completed the required training "OAPSA" as required by B.H.S. and UPMC Senior Communities. A copy of the certificates of completion and modules "Understanding the Elder Justice Act" and "Abuse Prevention and Reporting" are included for review. Module adjustments to the modules will be made as suggested by B.H.S. if necessary. Moving forward, the corrected modules will be utilized for annual training.
See Attachments 1A, 1B, 2A, 2B, 3, 4, and 5

Staff persons A and B will receive training on the Older Adult Protective Services Act on 3/7/18. Documentation of training shall be kept. 2/28/18

Within 30 days of receipt of the plan of correction, the home shall amend online training modules to include training on the Older Adult Protective Services Act. All staff persons shall receive the training during each established training year. 2/28/18

Printed Name and Title of Legal Entity Representative (Required on all pages) Doreen Diesel, RW, Administrator	
Signature of Legal Entity Representative (Required on all pages) Doreen Diesel, RW, Administrator	Date 2-22-18

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

The above plan of correction is approved as of <u>2/28/18</u> (Date)	Plan of correction implementation status as of <u>2/28/18</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented – Adequate Progress <u>[Signature]</u> <input type="checkbox"/> Partially Implemented – Inadequate Progress <input type="checkbox"/> Not Implemented

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

WEST REGION FIELD OFFICE
Human Services Licensing

<p>Regulation 2800.123c - For a residence serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.</p>
<p>Violation The evacuation diagram located by the elevator #1 near the dining room was not oriented correctly. The evacuation diagram needed to be rotated clockwise 90 degrees to accurately depict evacuation routes of the home. The evacuation diagram located by the elevator #2 was not oriented correctly. The evacuation diagram needed to be rotated clockwise 90 degrees to accurately depict evacuation routes of the home.</p>
<p>Plan of Correction Per violation of regulation 2800.123c, the evacuation diagrams were removed from the wall. New signage was printed on 9/19/2017 with the correct orientation of the two evacuation plans. These signs were posted near the elevators, #1 and #2, on 9/19/2017. Moving forward the evacuation diagrams will be posted with the correct orientation located by elevators #1 and #2. See attachments 6 and 7.</p> <p><i>Immediately: A designated staff person shall inspect all emergency evacuation diagrams posted in the home to ensure each diagram accurately shows lines of travel to exit doors.</i></p> <p style="text-align: right;"><i>f</i> 2/28/18</p>

Printed Name and Title of Legal Entity Representative (Required on all pages) <i>Deleen Diesel, RN Administrator</i>	
Signature of Legal Entity Representative (Required on all pages) <i>Deleen Diesel, Administrator</i>	Date 2.22.18
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WEST REGION FIELD OFFICE
Human Services Licensing

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

Regulation

2800.225(a) - The administrator or administrator designee, or an LPN, under the supervision of an RN, or an RN shall complete additional written assessments for each resident. A residence may use its own assessment form if it includes the same information as the Department's assessment form. Additional written assessments shall be completed as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

Violation

Resident #1 had 8 documented fall in the home between 6/1/17 through 9/6/17. Resident #1's assessment, finalized on 11/11/16, indicates that the resident is independent with mobility and Activities of Daily Living (ADLs); however nursing notes, dated 8/1/17, indicate the resident returned to the facility ambulating with a walker and is to be a standby assist of 1 staff member for transfers. The resident's assessment does not address the services the home will provide to assist the resident due to the history of falls.

Plan of Correction

Per regulation 2800.225(a)(1)(2)(3), the resident's care plan was updated to include the plan of care to meet the need of her increased number of falls. The resident does ambulate with a wheeled walker and the resident has reported falling due to dizziness. The resident's family is notified of every fall and the physician reviews each fall report as well. The physician, Dr. [REDACTED] has been working with the resident's medications to adjust multiple medications related to her high blood pressure. The resident's care plan was updated for her annual in November 2017; upon that annual assessment the area of Bladder Management, Bowel Management, and Ambulation (page 3) were all updated to indicate someone is to walk with the resident due to her history of falls. The area of Supervision (page 6) was also updated to indicate the resident requires supervision while in the facility due to her complaints of dizziness often leading to falls. Moving forward, falls will continue to be documented and updates to the care plan will continue to be made.

See attachments 8, 9, 10, and 11

Immediately: The home shall develop and implement a system to ensure resident assessments are immediately updated as resident care needs change. All staff persons responsible for completing and updating assessments shall be educated on the new system.

[Signature]
2/28/18

Printed Name and Title of Legal Entity Representative (Required on all pages) <i>Doreen Diesel, RN Administrator</i>	
Signature of Legal Entity Representative (Required on all pages) <i>[Signature]</i>	Date <i>2-22-18</i>
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