

FEB 0 5 2019

Ms. Doreen Diesel, RN Administrator 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's Bureau of Human Services Licensing annual inspection on September 18, 2018 and September 19, 2018, of the above facility, the violations with 55 pa. Code Ch. 2800 (relating to Assisted Living Residence) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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,

Jagqueline L. Rowe

Director

Enclosure Violation Report

RECEIVED DEC 07 2018 WEST REGION FIELD OFFICE Human Services Licensing

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

ALR Name: Strabane Woods of Washington		License Number: 44542
_		
Address: 319 Wellness Way, Washington, PA 15301		County: Washington
Administrator: Doreen Diesel		
Legal Entity Name: UPMC Senior Communities		
Legal Entity Address: 319 Wellness Way, Washington	PA 15301	
Certificate(s) of Occupancy: I-2 South Strabane Twp 1	1/17/99	
Type of Inspection: Full		
Reason(s) for Inspection(s): Renewal	· · · · · · · · · · · · · · · · · · ·	
On-Site Inspections Dates and Department Represent 9/18/18 Barry, Courtney; Garrigan, Laurie 9/19/18 Barry, Courtney; Garrigan, Laurie	atives On-Site:	
Off-Site Inspection Dates and Inspectors, if Applicable	:	
Resident Demographic	Data as of Inspection Dates	
Licensed Capacity: 100	Number of Residents who:	
Number of Residents Served: 77	Receive Supplemental Security	y Income: 0
Secured Dementia Care Unit in Home: N/A	Are 60 Years of Age or Older:	77
Area:	Have Mental Illness: 0	
Secured Unit Capacity, if Applicable:	Have an Intellectual Disability	: 0
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 29	
Number of Current Hospice Residents: 4	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 9		

Assisted Living Residences – 55 Pa.Code § 2800

Regulation 2800.88(a) - Floors, walls, ceilings, windows, depair and free of hazards.	oors and other surfaces must be clean, in good		
Violation On 9/18/18, at approximately 10:30 a.m., the internal fire safe doors near unit 101 did not securely close.			
Plan of Correction			
as per regulation 2800.	88 (a) the internal fire		
door on the first flow, night hallway did not Securely close. Once it was identified dury			
the mispectine, the maintenence man secured two			
Saws in Jue door hing	se. It was witnessed they		
The uspertmothat one or	in door closed seemly.		
Moving forward the maintenance man will chuch			
are fin doors during she	- mouthy fun onel.		
inted Name and Title of Legal Entity Representative (Required on all pages	s)		
gnature of Legal Entity Representative (Required on all pages)	Date 12.5.18		
DEPARTMENT USE ONLY - HOMES MA	AY NOT WRITE BELOW THIS LINE!		
ne above plan of correction is approved as of	Plan of correction implementation status as of 1/23/19		
	☐ Fully Implemented		
ne above plan of correction was approved by Partially Implemented – Adequate Progress			
	☐ Partially Implemented — Inadequate Progress		
	☐ Not Implemented		

Assisted Living Residences - 55 Pa.Code § 2800

Regulation 2800.91 - Telephone numbers for the nearest ambulance, poison control, local emergency management hotline shall be posted on or by each telephone with an ou	and assisted living residence complaint	
Violation On 9/18/18, at approximately 11:30 a.m., emergency telephorological following hallways with an outside line: Near unit 112, 223, a	one numbers were not posted nearby the telephones in the nd 323.	
Plan of Correction		
as pur regulation 28	00.91 it was noted the	
the phone rumbere, odlind	han 911, were noted posted	
near sue phones in she had	eway. By Jue end of the	
lusiness day, she emer genez shone rumlur as		
references alone une attachel do the phone conde		
with plantic zip find. (See attached photo A).		
Moving howard he maintenance man will make		
weekly rounded to assure the ominging phone under an attached to the hall way phone condo		
numbers are attacked to the hall way phone conds		
inted Name and Title of Legal Entity Representative (Required on all page	s)	
gnature of Legal Entity Representative (Required on all pages)	Date	
DEPARTMENT HEE ONLY - HOMES M	(2.5.18)	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
ne above plan of correction is approved as of(Date)	Plan of correction implementation status as of	
ne above plan of correction was approved by	Partially Implemented – Adequate Progress	
(Initials)	Partially Implemented – Inadequate Progress	

☐ Not Implemented

Assisted Living Residences - 55 Pa.Code § 2800

or below 0°F. Thermometers are required in refrigerators and freezers.				
Violation On 9/18/18, the ice cream freezer did not have a thermometer. On 9/19/18, the temperature in the ice cream freezer measured 8 degrees Fahrenheit.				
Plan of Correction				
as per regulation 2800. 103(f) it was notice that the				
thermometer in the free standing ice cream freque was registery 8 degree F. apter secund hours one				
dectary mana yn recheched the ice cleam freezen temperature. (See attached B).				
Moving forward the dietary mana gen/ chef on duty will check observe cream freeze themometer to about the freeze temperature is at or below 0° F.				
rinted Name and Title of Legal Entity Representative (Required on all pages)				
gnature of Legal Entity Representative (Required on all pages)	12.5.18			
DEPARTMENT USE ONLY - HOMES MA				
the above plan of correction is approved as of(Date)	Plan of correction implementation status as of 1/23/19 (Date)			
he above plan of correction was approved by (Initials)	Partially Implemented – Adequate Progress Partially Implemented – Inadequate Progress			
	Mak implement			

Assisted Living Residences – 55 Pa.Code § 2800

Regulation 2800.132(b) - A fire safety Inspection and fire d completed annually. Documentation of this fire drill and fire	rill conducted by a fire safety expert shall be safety inspection shall be kept.	
Violation A fire safety inspection was conducted on 9/1/17, however, the conducted until 9/19/18.	e next, most recent, fire safety inspection was not	
Plan of Correction		
As pur regulation 28 what the fire safety inspe	500. B2(b) it was nated	
that the fire safety mape	din was done on 9/19/18	
and the premies was 9/1/17.		
Moving forward due administ	rator will schedule the	
Moving franch die administrator wier schedule dhe annual frie safety inspection within 365 days		
of du prinous inspection		
inted Name and Title of Legal Entity Representative (Required on all pages		
gnature of Legal Entity Representative (Required on all pages)	Date 12.5.18	
DEPARTMENT USE ONLY - HOMES MA		
1 (00)10		
ne above plan of correction is approved as of(Date)	Plan of correction implementation status as of 1/23/19 (Date)	
	i tan or concerton implementation status as u	

☐ Not Implemented

The above plan of correction was approved by

LICENSING INSPECTION SUMMARY

Assisted Living Residences - 55 Pa.Code § 2800

Regulation 2800.251(b) - The entries in a resident's record must be staff person making the entry.	permanent, legible, dated and signed by the	
Violation Correction fluid was used on the responsible party section of remember's name underneath the correction fluid and the residen	sident #1's contract, with the resident's family ts name over the correction fluid.	
Plan of Correction		
as per regulation 2800.251(b)) it was noted that	
white out was used on a resi.	lut contract.	
Moving forward white out will not be used on any document. Actually she white out was removed from the factity. If an error is made it should be noted		
the facitity. If an inor is ma.	le it should be noted	
as such ly writzenon, datig	, c sign she entry.	
rinted Name and Fitle of Legal Entity Representative (Required on all pages)		
gnature of Legal Entity Representative (Required on all pages)	Date 12.5.18	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
(Date)	rrection implementation status as of	

Partially Implemented – Adequate Progress

Partially Implemented – Inadequate Progress

☐ Not Implemented