



MAILING DATE: November 26, 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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 1, 2019, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Jason Williams". The signature is fluid and cursive, with a large initial "J" and "W".

Jason Williams
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *STRABANE WOODS OF WASHINGTON*

License Number: *44542*

Address: *319 WELLNESS WAY,, WASHINGTON, PA 15301*

County: *WASHINGTON*

Region: *WESTERN*

Administrator

Name: *DOREEN DIESEL*

Phone: *7242259400*

Email: *DIESELDL@UPMC.EDU*

Legal Entity

Name: *UPMC SENIOR COMMUNITIES*

Address: *319 WELLNESS WAY, WASHINGTON, PA, 15301*

Certificate(s) of Occupancy

Type: *I-2*

Date: *11/17/1999*

Issued By: *Township South Strabane*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *112*

Waking Staff: *84*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

10/01/2019 - On-Site: Cindy Mulick, Josh Hoover, Vicky Siegert

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100*

Residents Served: *80*

Special Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *16*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *80*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *32*

Have Physical Disability: *0*

17 Record confidentiality

Requirements

2800.

17. Confidentiality of Records - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

At 10:44 a.m., the residency privacy coding document, indicating resident #1's name, was attached to the licensing inspection summary, dated 9/18/19 and 9/19/19, that was posted in the front lobby of the home.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

The residency privacy coding document (identifying #1 resident name) was immediately removed on October 1, 2019, from the licensing inspection summary, located at the reception area. Moving forward the inspection summary will be thoroughly checked by the administrator or designee, to assure the resident's name is not listed to assure privacy.

Legal Entity Representative

Signature

Doreen Diesel, RN , ADM.

Printed Name and Title

10/29/19

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of

11/22/19
(Date)

Plan of correction implementation status as of

11/22/19
(Date)

The above plan of correction was approved by

JW
(Initials)

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

65g Initial direct care training

Requirements

2800.

65.g. Direct care staff persons may not provide unsupervised assisted living services until completion of 18 hours of training in the following areas:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, date of hire 4/12/19, provides unsupervised assisted living services, and has not successfully completed the Department-approved direct care training course and passed the competency test.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Direct staff member "A" was contacted during the inspection to obtain a copy of the "direct care training" course, she completed. Employee "A" obtained a copy of the course completion and emailed it to the facility. See attachment #1. Moving forward Administrator or designee will review new hire paperwork within one week of the employee's hire date.

Staff person A passed the competency test on 10/1/19.

JW 11/22/19

Legal Entity Representative



Signature

Doreen Diesel, RN, ADM.

Printed Name and Title

10/29/19

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132c Fire drill records

Requirements

2800.

132.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.

Description of Violation

According to multiple staff interviews, residents who are not in the fire-affected area during fire drills remain in their rooms and are not evacuated to a public thoroughfare or the designated fire-safe area. However, the fire drill record indicates that all residents who were present in the home during each monthly fire drill in 2019 were evacuated.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

By Dec. 31, 2019 all staff will be educated on proper safe evacuation of residents during a fire drill. Written documentation of attendance will be kept. All new staff will review fire drill procedures during their first day of orientation in the facility. Moving forward for each monthly fire drill, the Administrator or designee will review with Fire Chief the outcome of the drill.

Staff training on evacuating residents to fire safe areas was conducted on 11/18/19.

JW 11/22/19

A fire drill was conducted on 11/18/19 with all residents evacuating to fire safe areas.

JW 11/22/19

Legal Entity Representative

Doreen Diesel, RN

Signature

Doreen Diesel, RN, Adm.

Printed Name and Title

10/29/19

Date

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132d Evacuation

Requirements

2800.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the residence.

Description of Violation

According to multiple staff interviews, residents who are not in the fire-affected area during fire drills remain in their rooms and are not evacuated to a public thoroughfare or the designated fire-safe area.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Fire safety evacuation procedures will be reviewed at the next resident council meeting on November 19, 2019.

All new residents will review fire drill procedures during their contract review prior to their first day of residence.

Moving forward for each monthly fire drill, the Administrator or designee will review with Fire Chief the outcome of the drill.

Staff training on evacuating residents to fire safe areas was conducted on 11/18/19.

JW 11/22/19

A fire drill was conducted on 11/18/19 with all residents evacuating to fire safe areas.

JW 11/22/19

Legal Entity Representative



Signature

Doreen Diesel, RN, Adm.

Printed Name and Title

10/29/19

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