Department of Human Services
Bureau of Human Service Licensing

August 4, 2021

[REDACTED] EXECUTIVE DIRECTOR
HSRE-WATERS OF PETERS VII, LLC
444 WEST LAKE STREET
CHICAGO, IL 60606

RE: THE WATERS OF MCMURRAY
441 VALLEY BROOK ROAD
MCMURRAY, PA, 15317
LICENSE/COC#: 45278

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/20/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Jon Kimberland

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY

Facility Information

Name: *THE WATERS OF MCMURRAY* **License #**: *45278* **License Expiration Date**: *04/26/2022*
Address: *441 VALLEY BROOK ROAD, MCMURRAY, PA 15317*
County: *WASHINGTON* **Region**: *WESTERN*

Administrator

Name: [redacted] **Phone**: *724-942-8151* **Email**: [redacted]

Legal Entity

Name: *HSRE-WATERS OF PETERS VII, LLC*
Address: *444 WEST LAKE STREET, CHICAGO, IL, 60606*
Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *I-1* **Date**: *02/18/2021* **Issued By**: *Peters Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *24* **Waking Staff**: *18*

Inspection

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:
Reason: *Renewal* **Exit Conference Date**: *07/20/2021*

Inspection Dates and Department Representative

07/20/2021 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *127* **Residents Served**: *13*

Special Care Unit

In Home: *Yes* **Area**: *Petals* **Capacity**: *21* **Residents Served**: *4*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *13*
Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*
Have Mobility Need: *11* **Have Physical Disability**: *1*

Inspections / Reviews

07/20/2021 - Full

Lead Inspector: *Scott Klein* **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/02/2021*

Inspections / Reviews *(continued)*

8/3/2021 - POC Submission

Lead Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *08/06/2021*

8/4/2021 - Document Submission

Lead Reviewer: [redacted] **Follow-Up Type:** *Not Required*

18 Other laws, regs, ordins.

1. **Requirements**

2800.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

In accordance with the Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/2016, a carbon monoxide detector must be located in close proximity of, but not less than 15 feet from any fossil fuel burning device. However, at approximately 12:03 p.m., in the facility's kitchen there are two carbon monoxide detectors located approximately 8 feet from the Southbend gas fired range and stovetop.

In accordance with the Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/2016, a carbon monoxide detector must be located in close proximity of, but not less than 15 feet from any fossil fuel burning device. However, at approximately 12:20 p.m., in the facility's boiler room on the garage level, there is a hard wired carbon monoxide detector affixed to the ceiling approximately 5 feet from the facility's gas fired hot water tanks and approximately 10 feet from a natural gas burning furnace.

Plan of Correction **Accept**

Carbon Monoxide detectors in above mentioned locations were moved to 15 feet from hot water tanks and gas fired range and stovetop.
Furnace is electric, not natural gas burning.

Please refer to the attached completed work order from vendor performing the work

To prevent a similar violation from occurring, a monthly audit will be conducted ensuring that there is at least 15' from all fossil fuel burning devices and carbon monoxide alarms.

Executive Director or her designee will monitor for continued compliance.

Completion Date: *07/28/2021*

Document Submission **Implemented**

Please see attachments

101r Emergency notification

1. **Requirements**

2800.

101.r. Each living unit must be equipped with an emergency notification system to notify staff in the event of an emergency.

Description of Violation

There is no emergency notification system in living unit ██ for resident #1.

There is no emergency notification system in living unit ██ for resident #2.

101r Emergency notification *(continued)*

Plan of Correction **Accept**

All new and current residents, even those entering our Memory Care , will all receive an emergency pendant for their personal usage. This includes the above mentioned residents.

Admission staff educated on this, please see attached training roster titled pendants upon move in.

Documentation of receiving of pendants and a physical pendant check will be conducted monthly.

The Executive Director or ██ designee will monitor for continued compliance

Completion Date: *07/27/2021*

Document Submission **Implemented**

Please see attachments

102n Bathroom – emerg. notif.

1. **Requirements**

2800.
102.n. Each bathroom must be equipped with an emergency notification system to notify staff in the event of an emergency.

Description of Violation

There is no emergency notification system located in the ½ bathroom across the hallway from resident living unit #140 in the facility's Petals special care unit.

Plan of Correction **Accept**

Pull cord box/system added to the bathroom

Staff educated on regulation 2800.120(n) and the importance of having a pull cord in every bathroom and their checking to ensure that they are all in them. Please see attached training sheet titled Emergency Notification System in all Bathrooms

Monthly walk through and check to ensure all bathrooms are with a pull cord or some type of emergency notification system.

Executive Director or ██ designee will monitor for continued compliance

Completion Date: *07/29/2021*

Document Submission **Implemented**

Please see attachments

171b5 Transportation-first aid kit

1. **Requirements**

171b5 Transportation-first aid kit *(continued)*

2800.
171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:
5. The vehicle must have a first aid kit with the contents as specified in § 2800.96 (relating to first aid kit). The inclusion of an automatic external defibrillation device in a vehicle is optional.

Description of Violation

The first aid kit in the van used to transport residents does not include tweezers or a thermometer..

Plan of Correction **Accept**

Violation was corrected at the time of inspection by placing a thermometer and tweezers in the first aid box kept on the van and taping the regulation which includes the necessary contents on the top of the box

Maintenance Director educated on necessary contents, and will train van driver once one is hired. See attached training roster titled First Aid Kit contents.

Van first aid kit will be checked and signed off on during weekly van inspections.

Executive Director and or designee will monitor for continued compliance.

Completion Date: *07/27/2021*

Document Submission **Implemented**

Please see attachments

224c1 Initial SP-30 days prior/adm

1. **Requirements**

2800.
224.c.1. An individual requiring services shall have a written preliminary support plan developed within 30 days prior to admission to the residence unless one of the conditions contained in paragraph (2) applies.

Description of Violation

Resident #3 was admitted on however, the resident's written preliminary support plan was not completed until .

Resident #4 was admitted on ; however, the resident's written preliminary support plan was not completed until .

Resident #5 was admitted on ; however, the resident's written preliminary support plan was not completed until

224c1 Initial SP-30 days prior/adm *(continued)*

Plan of Correction **Accept**

Re-education has been provided to team members who are authorized to assist with Support Plan regarding timeliness to ensure compliance. An audit was completed on all resident charts to assess documents timeliness according to the regulation.

Please refer to training roster titled ASP Review.

To prevent similar violations from occurring, a monthly audit will be completed on all new admissions.

Executive Director or [redacted] designee will monitor for continued compliance.

Completion Date: *07/27/2021*

Document Submission **Implemented**

Please see attachments