

Department of Human Services
Bureau of Human Service Licensing

November 2, 2021

[REDACTED]
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 10/05/2021, 10/07/2021 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: *02/19/2021* Issued By: *Peters Township*

Staffing Hours

Resident Support Staff: Total Daily Staff: *41* Waking Staff: *31*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *10/07/2021*

Inspection Dates and Department Representative

10/05/2021 - On-Site: [REDACTED]
10/07/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *127* Residents Served: *25*

Special Care Unit

In Home: *Yes* Area: *Memory Care* Capacity: *17* Residents Served: *8*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *25*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *16* Have Physical Disability: *0*

Inspections / Reviews

10/05/2021 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *10/24/2021*

10/22/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *10/25/2021*

11/2/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42b Abuse/Neglect

1. Requirements

2800.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 10/2/21 at approximately 6:20 a.m., staff person A exited the main entrance of the building during a break and heard yelling coming from a resident's room through the closed window. Staff person A followed the yelling to the window of resident #1's living unit and heard staff person B say, "I will punch you in the face and block every hit blow by blow!" in an aggressive, extremely loud voice toward resident #1.

Plan of Correction

Accept

Community conducted an internal investigation. As a result of the investigation, staff person B was let go from our community.

All care staff were retrained on OAPSA and Resident Rights, explaining that we are all mandated to report any type of suspected resident abuse immediately to the Director of Health and Wellbeing or the Executive Director.

Please see training sheet titled OAPSA with focus on Chapter 7 and Resident Rights.

Director of Health and Wellbeing along with the Executive Director will present various situation to different care staff monthly to ensure their understanding of all types of abuse.

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

Please see attachments

Completion Date: 10/22/2021

Document Submission

Implemented

Please see attachments

141a Medical evaluation

1. Requirements

2800.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

11. An indication that a tuberculin skin test has been administered with negative results within 2 years; or if the tuberculin skin test is positive, the result of a chest X-ray. In the event a tuberculin skin test has not been administered, the test shall be administered within 15 days after admission.

Description of Violation

The medical evaluation for resident #1, dated [REDACTED]/21, indicates that the resident requires a new tuberculin skin test or chest x-ray. However, the resident did not have a tuberculin skin test administered within 15 days after admission.

Plan of Correction

Accept

TB test given to the resident. Reeducation provided to team members who assist in new admissions paperwork.

Please refer to training roster titled TB Skin Test requirements for new admission.

To prevent further similar violations from occurring, a monthly audit will be conducted on all new admissions by Executive Director.

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

Please see attachments

Completion Date: 10/19/2021

141a Medical evaluation (*continued*)**Document Submission****Implemented***Please see attachments*

224a5 Written initial assessment

1. Requirements

2800.

224.a.5. The written initial assessment must, at a minimum include the following:

- i. The individual's need for assistance with ADLs and IADLs.
- vi. The individual's need for special diet or meal requirements.

Description of Violation

Resident #1's initial assessment completed [REDACTED]/21 indicates that the resident is independent with eating. However, an entry in the Resident Service Notes, dated [REDACTED]/21, includes that resident #1 "needs assist with eating, sometimes its encouragement and other times [REDACTED] is a assist to feed." Also, resident #1's initial assessment indicates in the Behavioral or Cognitive Care Needs section (page 11/14) that Agitation and Aggression are "A=No problem." However, according to several staff interviews and a Resident Service Notes entry, dated 8/2/21, resident #1 is combative at times by swinging at, kicking and/or pushing staff when attempting to assist with personal care needs.

Plan of Correction**Accept***Residents assessment was updated.**Reeducation has been provided to team member who do the initial assessment along with updating it when necessary.**Please refer to training roster titled Updating Residents Initial Assessment.**To prevent similar violations from occurring, Executive Director will pull 10% of resident charts to audit for assessment updates monthly.**Executive Director or [REDACTED] designee will monitor for continued compliance.**Please see attachments***Completion Date: 10/19/2021****Document Submission****Implemented***Please see attachments*