

Department of Human Services  
Bureau of Human Service Licensing

April 21, 2022

[REDACTED], ADMINISTRATOR  
UPMC SENIOR COMMUNITIES  
319 WELLNESS WAY  
WASHINGTON, PA, 15301

RE: STRABANE WOODS OF  
WASHINGTON  
319 WELLNESS WAY  
WASHINGTON, PA, 15301  
LICENSE/COC#: 44542

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/14/2022, 02/15/2022, 02/16/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services  
Bureau of Human Service Licensing  
**LICENSING INSPECTION SUMMARY - PUBLIC**

**Facility Information**

Name: *STRABANE WOODS OF WASHINGTON* License #: *44542* License Expiration: *01/28/2023*  
Address: *319 WELLNESS WAY, WASHINGTON, PA 15301*  
County: *WASHINGTON* Region: *WESTERN*

**Administrator**

Name: [REDACTED] Phone: *7242259400* Email: [REDACTED]

**Legal Entity**

Name: *UPMC SENIOR COMMUNITIES*  
Address: *319 WELLNESS WAY, WASHINGTON, PA, 15301*  
Phone: *7242259400* Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-2* Date: *11/17/1999* Issued By: *Township of South Strabane*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *88* Waking Staff: *66*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *02/16/2022*

**Inspection Dates and Department Representative**

02/14/2022 - On-Site: [REDACTED]  
02/15/2022 - On-Site: [REDACTED]  
02/16/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *100* Residents Served: *69*

**Special Care Unit**

In Home: *No* Area: Capacity: Residents Served:

**Hospice**

Current Residents: *10*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *69*  
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *19* Have Physical Disability: *0*

**Inspections / Reviews**

**02/14/2022 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/18/2022*

Inspections / Reviews (*continued*)

04/20/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *04/22/2022*

04/21/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

85e Trash outside

1. Requirements

2800.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 2/15/22 at approximately 12:45 p.m., the trash can to the left when facing the main entrance to the home has an opening in one side of the lid that measures approximately 15"X10". There is no flap or covering on this opening. The trash can was approximately half filled with trash.

Plan of Correction

Accept

The trash receptacle was removed by the maintenance man on 2/16/22. The facility maintenance man will do bi-weekly audits to assure all trash receptacles have a covered lid for the next 90 days. The trash receptacle will not be replaced. The staff will be educated on the importance of a covers on a trash receptacle at the June, 2022 staff meeting.

Completion Date: 02/16/2022

Document Submission

Implemented

No attachment

107b Emergency procedures

1. Requirements

2800.

107.b. The residence shall have written emergency procedures that include the following:

1. Contact information for each resident's designated person.
3. Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
4. Means of transportation in the event that relocation is required.
5. Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.

Description of Violation

On 2/14/22, a flip chart emergency preparedness plan was posted in a public and conspicuous place. However, the posted plan did not include all of the items required per 2800.107b as follows:

1. Contact information for each resident's designated person.
3. Contact telephone number for the state emergency management agency and for local resources for housing and emergency care of residents.
4. Means of transportation in the event that relocation is required.
5. Duties and responsibilities of staff during evacuation, transportation, and at the emergency location.

Plan of Correction

Accept

- 1 We dispute this violation as Strabane Woods maintains a "Face sheet" binder at the reception area (see attachment A). The binder contains information for each resident, a POLST, copy of insurance card and resident photo. This is maintained by the receptionist and updated with new admissions.
3. Admin immediately added the phone numbers for PEMA and Washington Co. Emergency Management (see attachment B) and posted at the reception area.
4. Ambulance & Chair and Canonsburg Ambulance Service phone number are listed. (see attachment B & C). Adm. immediately added Strabane Woods /Strabane Trails vans.
5. The Administrator/Assistant/Charge Nurse will delegate duties to the staff (see attachment B & C). The Adm.

107b Emergency procedures (continued)

will update any changes in employee name/phone numbers, as new employees are hired.

Completion Date: 02/15/2022

Document Submission

Implemented

Attachment A, B, C

181c Self-Administer Assessment

1. Requirements

2800.

181.c. The resident’s assessment shall identify if the resident is able to self-administer medications as specified in § 2800.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician’s assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident #6’s assessment, completed on [redacted], indicates that resident cannot self-administer medications. The resident’s support plan, last reviewed on 12/7/21, indicates that resident “has been trained to take [redacted] blood sugar and administrate [redacted] insulin...” for when [redacted] is on outings. Resident #6 has not been assessed by a physician, physician’s assistant or certified registered nurse practitioner regarding ability to self-administer medications. However, resident #6 self-administers [redacted] insulin as needed when out of the building.

Plan of Correction

Accept

The Resident Support Coordinator immediately contacted resident #6 physician to change the order to 'resident can self-administer [redacted] medications when [redacted] is out of the facility.' The ADME was corrected to indicate this and the RSC placed this on the resident's ASP. (see attachments D, E & F) The LPN/RSC will assess the need for a resident to self administer medications weekly until 6/30/2022.

Completion Date: 02/16/2022

Document Submission

Implemented

See attachment D, E, F

184a Labeling

1. Requirements

2800.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident’s name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident #4 is ordered [redacted] - Apply 2 grams topically to B/L knees 3 times daily as needed. However, the pharmacy label on this medication indicates - apply 2 grams topically to bilateral knees three times a day for pain.

Resident #7 is ordered [redacted] – Inhale 1 puff every 4 hours as needed. There was a clear zip top bag with a white label that only indicated the resident’s name, room number and “Direction change refer to MAR.” A label with the same information was on the inhaler itself. There was no pharmacy label on the medication or the bag.

**184a Labeling (continued)**

Resident #8 is ordered [REDACTED] – Place 2 drops in left eye twice a week on Monday and Thursday. However, the pharmacy label on this medication indicates - instill 1 drop into the left eye once daily for 7 days, then drop in left eye every Monday and Thursday.

**Plan of Correction****Accept**

1. Res #4 RSC placed a "Direction Change" sticker on the gel box. (see attachment G med dc'd before we received the violation report).
  2. Res #7 The family brought the inhaler from resident's home meds. Pharmacy will not replace medication before the refill is due. A hand written label was placed on the bag with the "5' requirements. The family found the original inhaler box in the resident's dresser drawer (see attachment H).
  3. Resident & RSC placed The "Direction change" sticker on the eye dropper box (see attachment I). The "direction change" sticker was placed with the inspector present.
- LPNs/Med. techs attended an in-service regarding proper labeling of meds. (see attachment J). The DRC/RSC will do weekly audit medication cart checks to assure that orders math the label & MAR. until 6/30/2022.

**Completion Date:** 02/16/2022**Document Submission****Implemented**

See attachment G, H, I, J

**185a Storage procedures****1. Requirements**

2800.

185.a. The residence shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**Description of Violation**

Resident #7 is ordered blood glucose readings before breakfast and after supper. The resident's blood glucose readings were incorrectly documented on the resident's February 2022 medication administration record (MAR) as follows:

- \* 2/3/22 at 5:05, the reading in the glucometer was 334; however, 197 was entered on the resident's MAR.
- \* 2/9/22 at 5:14 p.m., the reading in the glucometer was 238; however, 244 was entered on the resident's MAR.
- \* 2/10/22 at 8:00 a.m., the reading in the glucometer was 62; however, 68 was entered on the resident's MAR.

Resident #9 is ordered blood glucose readings twice daily before breakfast and at bedtime. The blood glucose readings were incorrectly documented on the resident's February 2022 medication administration record (MAR) as follows:

- \* 2/4/22 at 8:40 p.m., the reading in the glucometer was 246; however, 262 was entered on the resident's MAR
- \* 2/6/22 at 6:13 a.m., the reading in the glucometer was 138; however, 188 was entered on the resident's MAR.
- \* 2/11/22 at 6:23 a.m., the reading in the glucometer was 104; however, 124 was entered on the resident's MAR.
- \* 2/12/22 there was no 8:00 p.m. reading in the resident's glucometer; however, 192 was entered on the resident's MAR.

**Plan of Correction****Accept**

Re training was conducted to all LPN & med techs, regarding the use of a glucometer, documentation and the importance of the documentation (see attachment J)

The DRC will check and compare the glucometers with the documentation on the MAR weekly until 6/30/22..

**Completion Date:** 02/16/2022

185a Storage procedures *(continued)***Document Submission****Implemented***See attachment J*

## 224a5 Written initial assessment

**1. Requirements**

2800.

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

- vi. The individual's need for special diet or meal requirements.

**Description of Violation**

*Resident #7 was ordered a mechanical soft diet upon discharge from the hospital on [REDACTED]. However, the resident's initial assessment completed [REDACTED] was not updated to include this change.*

**Plan of Correction****Accept**

*RSC contacted the physician on 2/16/22 to clarify the diet order, then documented on Resident #7 ASAP the correct diet for the resident (see attachment K). The Charge LPN taking off orders was reminded to communicate with the RSC, as well as, the Dietary Manager (which she did) any changes in a resident's diet to assure the resident is receiving a diet suited to their individual needs. The RSC & Dietary manager will review diet orders weekly until 5/30/22.*

**Completion Date:** 02/23/2022**Document Submission****Implemented***See attachment K*

## 225b Assessment content

**1. Requirements**

2800.

225.b. The assessment must, at a minimum include the following:

- 3. The ability of the resident to self-administer medication.

**Description of Violation**

*Resident #3 has physician order that [REDACTED] may keep [REDACTED] at bedside. However, the resident's assessment, completed on 2/14/22, indicates that resident cannot self/administer medications.*

**Plan of Correction****Accept**

*RSC immediately contacted resident #3 physician to change the order to "resident can keep nasal spray at bedside and self administer. The ADMA was corrected to indicate this. The RSC placed this on the resident's ASP (see attachment L, M, & N). The LPN & RSC will assess the need for a resident to self administer a medication weekly until 6/30/2022.*

**Completion Date:** 02/16/2022**Document Submission****Implemented***See attachment L, M, N*

## 17 Record confidentiality

**1. Requirements**

2800.

17 Record confidentiality (continued)

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

On 2/14/22 at 12:25 p.m., the unattended second floor nurse's office door was open. The following resident information was unlocked and accessible:

\* A paper taped to the shelf above the desk with "Gateway Hospice-Week of 02/14 to 02/18" across the top and a list of resident names and the dates of hospice visits to include residents #1 and #2.

\* A clipboard with several dated sheets of paper that included a list of residents and their temperature readings for each day including readings for residents #1, #2, #3, #4 and #5.

Repeat violation 10/1/19

Plan of Correction

Accept

The Admin. immediately notified the floor LPN and the DRC of the occurrence of the nurse's station door being open/unlocked. The floor LPN voiced understanding the importance of the door being closed & locked due to privacy issues. The admin or DRC will make bi-weekly rounds to check that the doors are locked. The nursing staff was educated on the importance of privacy and the need to have the door locked on 2/14/2022.

Completion Date: 02/14/2022

Document Submission

Implemented

No attachment

65g Initial direct care training

1. 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

On 2/16/22, the residence did not have documentation that direct care staff person A successfully completed and passed the Department-approved direct care training course and passed the competency test. Direct care staff person A provided unsupervised direct care services to residents from 6:00 a.m.- 2:30 p.m. on 2/1/22, 2/5/22 and 2/11/22.

Repeat violation 10/1/19

Plan of Correction

Accept

Employee "A" transferred departments and no record of Department-approved direct care training & competency test were located in her file. Employee "A" completed training and passed the test on 2/16/2022 (see attachment O). The Administrative Assistant and the DRC will follow through that all staff complete their required educational courses during the orientation/transfer period.

Completion Date: 02/16/2022

Document Submission

Implemented

See attachment O