Department of Human Services
Bureau of Human Service Licensing

June 21, 2022

HSRE-WATERS OF PETERS VII, LLC

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

Dear ,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/27/2022, 05/31/2022 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**: *04/26/2023*

Address: *441 VALLEY BROOK ROAD, MCMURRAY, PA 15317*

County: *WASHINGTON* **Region**: *WESTERN*

Administrator

Name: **Phone**: *724-942-8151* **Email**:

Legal Entity

Name: *HSRE-WATERS OF PETERS VII, LLC*
Address:
Phone: **Email**:

Certificate(s) of Occupancy

Type: *I-1* **Date**: *02/19/2021* **Issued By**: *Peters Township*

Staffing Hours

Resident Support Staff: **Total Daily Staff**: *59* **Waking Staff**: *44*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint, Provisional, Incident* **Exit Conference Date**: *06/02/2022*

Inspection Dates and Department Representative

05/27/2022 - On-Site:
05/31/2022 - Off-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *127* **Residents Served**: *40*

Special Care Unit

In Home: *Yes* **Area**: *Petals* **Capacity**: *21* **Residents Served**: *9*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *40*
Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*
Have Mobility Need: *19* **Have Physical Disability**: *0*

Inspections / Reviews

05/27/2022 - Partial

Lead Inspector: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/16/2022*

Inspections / Reviews *(continued)*

06/17/2022 - POC Submission

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *06/22/2022*

06/21/2022 - Document Submission

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

42c Dignity/Respect

1. Requirements

2800.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

On 4/7/22 from approximately 11:00 p.m. to 11:30 p.m., staff persons A and B accompanied staff person C on change of shift rounds in the Special Care Unit (SCU). Staff persons A and B observed staff person C toileting multiple residents, including residents #1 and #2, in an abrupt, rough, and undignified manner. entered unlit bedrooms without acknowledging and explaining presence, continued to abruptly pull blankets off of the residents, and then felt the outside of their briefs with ungloved hand. Resident #2 was awake when the staff entered room, and, as staff person C felt that brief needed to be changed and continued taking it off without warning, began fighting and said was scared. Staff person B had to hold hand and comfort while brief was being changed by staff person C.

Plan of Correction ***Accept***

Community conducted an internal investigation. As a result of our investigation, staff person C is no longer with the company.
All care staff were retrained on Resident Rights, reiterating to them that they are all mandated reporters, and if they feel any residents are not being treated with dignity and respect they need to immediately notify the Director of Health and Wellbeing or the Executive Director.
Director of Health and Wellbeing will observe care at least weekly to ensure staff are knocking, announcing themselves, walking the resident through the care they are providing ensuring the resident is being treated with dignity and respect.
The Executive Director or designee will monitor for continued compliance.
Please see training sheet titled Resident Rights
Completion Date: *06/24/2022*

Document Submission ***Implemented***

Community conducted an internal investigation. As a result of our investigation, staff person C is no longer with the company.
All care staff were retrained on Resident Rights, reiterating to them that they are all mandated reporters, and if they feel any residents are not being treated with dignity and respect they need to immediately notify the Director of Health and Wellbeing or the Executive Director.
Director of Health and Wellbeing will observe care at least weekly to ensure staff are knocking, announcing themselves, walking the resident through the care they are providing ensuring the resident is being treated with dignity and respect.
The Executive Director or designee will monitor for continued compliance.
Please see training sheet titled Resident Rights
See Attached

60a Staffing/support plan needs

1. Requirements

2800.
60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan. Residence staff or service providers who provide services to the residents in the residence shall meet the applicable professional licensure requirements.

60a Staffing/support plan needs *(continued)*

Description of Violation

The most recent assessment, dated /21, of resident #1 who resides in the home's SCU, indicates supervision needs are extensive, and most recent support plan, dated /21, indicates the plan to meet this need is, "Staff will monitor and supervise the resident throughout the day to ensure safety." However, on /22 at approximately 2:00 p.m., there were no staff present in the SCU, and the residents were left unsupervised for approximately 25 minutes. During this time, resident #1 was sitting in the common area, got out of wheelchair, and fell while attempting to walk unassisted. remained lying on the floor, visibly upset while 2 other residents of the SCU attempted to help . In the absence of staff, 2 family visitors to the unit phoned the front desk for assistance using their personal phones because they did not know how to exit the unit without using a staff's key fob.

Plan of Correction ***Accept***

Community was accurately staffed, but staff member made a poor judgement call leaving the SCU unsupervised.
Staff member is no longer with the company.
All care staff were retrained on properly monitoring and supervising residents to ensure their safety and not leaving the SCU unattended.
Assignments will be marked on staffs schedules as well as lunch coverage for SCU will be discussed and documented in the Daily Shift Huddle.
Director of Health will review weekly.
The Executive Director or designee will monitor for continued compliance.
Please see training sheet titled {Properly Monitoring and Supervising Residents to Ensure Their Safety.

Completion Date: *06/24/2022*

Document Submission ***Implemented***

Community was accurately staffed, but staff member made a poor judgement call leaving the SCU unsupervised.
Staff member is no longer with the company.
All care staff were retrained on properly monitoring and supervising residents to ensure their safety and not leaving the SCU unattended.
Assignments will be marked on staffs schedules as well as lunch coverage for SCU will be discussed and documented in the Daily Shift Huddle.
Director of Health will review weekly.
The Executive Director or her designee will monitor for continued compliance.
Please see training sheet titled {Properly Monitoring and Supervising Residents to Ensure Their Safety.
See Attached

187d Follow prescriber's orders

1. Requirements

2800.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 was prescribed the following medications:

- *morphine sulfate, oral 10mg-Give 10mg under tongue every hour as needed for shortness of breath or pain.*
- *morphine sulfate, oral 20 mg-Give 20mg every 4 hours around the clock.*
- *haloperidol, oral 2mg-Give every 4 hours as needed for agitation.*

187d Follow prescriber's orders (continued)

However, from 5/18/22 through 5/24/22, staff were instructed by staff person A to administer morphine-20 mg every 4 hours around the clock and 10 mg every hour, and haloperidol 2mg every 4 hours, at the request of resident #1's

Plan of Correction ***Accept***

All Med Techs attended training which included discussion on following the directions of the prescriber and requests of the family.
Director of Health and Wellbeing will audit PRN medications that are given on a monthly basis, ensuring they are being given as needed by the resident.
The Executive Director of designee will monitor for continued compliance.
Please see training titled Following Directions of Prescriber vs That of Families.
Completion Date: *06/13/2022*

Document Submission ***Implemented***

All Med Techs attended training which included discussion on following the directions of the prescriber and requests of the family.
Director of Health and Wellbeing will audit PRN medications that are given on a monthly basis, ensuring they are being given as needed by the resident.
The Executive Director of designee will monitor for continued compliance.
Please see training titled Following Directions of Prescriber vs That of Families.
See Attached