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

January 26, 2023

[redacted], EXECUTIVE DIRECTOR
HSRE-WATERS OF PETERS VII, LLC
[redacted]

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 11/15/2022, 11/16/2022, 11/17/2022, 11/21/2022, 11/22/2022, 12/09/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[redacted]

cc: Pennsylvania Bureau of Human Service Licensing

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: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *HSRE-WATERS OF PETERS VII, LLC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *I-1* **Date**: *12/18/2021* **Issued By**: *Peters Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *74* **Waking Staff**: *56*

Inspection Information

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

Reason: *Renewal, Incident* **Exit Conference Date**: *12/09/2022*

Inspection Dates and Department Representative

11/15/2022 - On-Site [redacted]
11/16/2022 - On-Site
11/17/2022 - On-Site
11/21/2022 - On-Site
11/22/2022 - Off-Site
12/09/2022 - Off-Site

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *127* **Residents Served**: *51*

Special Care Unit

In Home: *Yes* **Area**: *1st Floor Petals* **Capacity**: *17* **Residents Served**: *11*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *51*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *23* **Have Physical Disability**: *0*

Inspections / Reviews

11/15/2022 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *12/29/2022*

12/29/2022 POC Submission

Submitted By: [redacted] **Date Submitted:** *01/25/2023*

Reviewer: [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *01/03/2023*

01/04/2023 POC Submission

Submitted By: [redacted] **Date Submitted:** *01/25/2023*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *01/06/2023*

01/26/2023 Document Submission

Submitted By: [redacted] **Date Submitted:** *01/25/2023*

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

17 Record confidentiality

1. 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

On 11/17/22 at 3:56 p.m., the memory care "huddle and rounding" binder, containing confidential information regarding multiple resident's medical conditions and care needs was unlocked, unattended, and accessible on top of the concierge desk located in the special care unit.

Plan of Correction ***Accept [redacted] - 12/29/2022)***

The Memory Care Huddle and Rounding Binder was left on the concierge's desk in Memory Care. The issue was corrected immediately. Going forward the Huddle and Rounding binder is kept in a locked medication office. Personnel have the code to enter the medication room to complete and view the form. The Director of Health and Wellbeing will make rounds to ensure confidentiality is maintained.

Licensee's Proposed Overall Completion Date: *12/22/2022*

Implemented ([redacted] - 01/26/2023)

65l Record of training

2. Requirements

2800.
65.l. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The residence's record of diabetes training on 4/21/22 for multiple staff persons does not include the content of course.

The residence's record of diabetes training on 11/4/22 for staff person A does not include the content of course.

Plan of Correction ***Accept ([redacted] - 12/29/2022)***

The content of the Diabetes training was entered and completed immediately upon inspection. Going forward the Director of Health and Wellbeing will verify course content is completed on all signage sheets. The Business Office Manager will review the signage forms are completed and accurate before filing them in the personnel file.

Licensee's Proposed Overall Completion Date: *12/22/2022*

Implemented ([redacted] - 01/26/2023)

69 Dementia training

3. Requirements

2800.
69. Additional Dementia-Specific Training - Administrative staff, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall receive at least 4 hours of dementia-specific training within 30 days of hire and at least 2 hours of dementia-specific training annually thereafter in addition to the training requirements of this chapter.

69 Dementia training *(continued)*

Description of Violation

Direct care staff person B, hired [redacted], received only 2 hours 15 minutes ofthe required 4 hours of dementia specific training within 30 days of hire.

Plan of Correction ***Accept ([redacted] - 01/04/2023)***

The Plan of Correction includes a change in the onboarding process. Going forward all team members will be schedule to complete required Dementia training on day two from their employment start date. Staff member B completed her Dementia specific training on 11/17/2022. The Executive Director and the Business Office Manger will review all staff records to ensure all employees have received the 4 hours of dementia specific training within the first 30 days of their employment. As part of the Quality Management Plan there will be a review each quarter to make sure every employee is in compliance.

Licensee's Proposed Overall Completion Date: *12/30/2022*

Implemented [redacted] - 01/26/2023)

82a Poisons original containers

4. Requirements

2800.
82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

On 11/17/22 at approximately 4:05 p.m., there was no product label on the clear plastic Ecolab spray bottle in the laundry room in the special care unit. The bottle contained an unknown clear, fragrant liquid.

Plan of Correction ***Accept [redacted] - 12/29/2022)***

The clear plastic bottle that contained the unknown fragrance was disposed of. An audit was conducted and all bottles of poisonous materials are correctly labeled and identified. The Environmental Services Director will conduct audits ensuring cleaning supplies are correctly labeled. The ESM is educating the housekeeping team regarding bringing in supplies that were not purchased by the community.

Licensee's Proposed Overall Completion Date: *12/22/2022*

Implemented ([redacted] - 01/26/2023)

82c Locked poisons

5. Requirements

2800.
82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the residence are able to safely use or avoid poisonous materials.

Description of Violation

On 11/17/22 at approximately 4:05 p.m., multiple poisons were unlocked and accessible to residents in the laundry room located in the special care including:

A spray bottle of peroxide multi surface cleaner and disinfectant, with a manufacturer's label indicating "Call a poison control center or doctor for treatment advice."

A can of Scrubbing Bubble Bathroom Grime Fighter, with a manufacturer's label indicating "In care of emergency, call a poison control center or doctor for treatment advice."

A bottle of Clorox for Colors Stain Remover & Color Brightener, with a manufacturer's label indicating "If swallowed:

82c Locked poisons (continued)

Call a doctor or poison control center."

Not all residents of the residence, including resident #1, have been assessed capable of recognizing and using poisons safely.

Plan of Correction ***Accept (- 12/29/2022)***

The Resident Assistants are being educated by the Director of Health and Wellbeing regarding keeping the laundry room door locked at all times and keeping the cleaning supplies in the cabinet within the laundry room. A sign has been posted on the door to keep it locked at all times. Rounds will be completed daily by the Director of Health and Wellbeing and the Environmental Services Director ensuring the door is locked.

Licensee's Proposed Overall Completion Date: *12/22/2022*

Implemented - 01/26/2023)

101j7 Lighting/operable lamp

6. Requirements

2800.
101.j. Each resident shall have the following in the living unit:
7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 11/17/22, the residents in unit #121, unit #206 and unit #146 did not have a source of lighting that could be turned on/off from bedside.

Plan of Correction ***Accept (- 01/04/2023)***

The Environmental Services Director has purchased tap light lamps that can be turned on at the bedside and has installed them in apartments 121, 206, and 146. An audit was conducted in apartments in Assisted Living to ensure an operable lamp or source of lighting was next to the bed. Direct care staff will check daily as part of their regular duties and that the Executive Director and/or her designee will do an lighting audit monthly.

Licensee's Proposed Overall Completion Date: *12/30/2022*

Implemented (- 01/26/2023)

103f Fridge/Freezer Temps

7. Requirements

2800.
103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 11/17/22, the ice cream freezer located in the kitchen did not have a thermometer.

Plan of Correction ***Accept - 12/29/2022)***

The Culinary Director installed a thermometer in the ice cream freezer immediately upon inspection, and will conduct a monthly audit of refrigerators and freezers within the Dietary Department to ensure thermometers are placed properly.

Licensee's Proposed Overall Completion Date: *12/22/2022*

103f Fridge/Freezer Temps *(continued)*

Implemented [redacted] - 01/26/2023)

105g Dryer lint removal

8. Requirements

2800.
105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 11/17/22 at approximately 4:05 p.m., there was an approximate ½ inch accumulation of lint in the lint trap of the stacked dryer and an approximate ¼ inch accumulation of lint in the lint trap of the front loader dryer in the laundry room located in the special care unit.

Plan of Correction ***Accept ([redacted] - 12/29/2022)***

The Resident Assistants now have a sign off sheet instructing them to remove the lint trap each time they do laundry in the Memory Care unit. The Environmental Services Director will conduct random audits to ensure the dryers are free from lint in the lint traps.

Licensee's Proposed Overall Completion Date: *12/22/2022*

Implemented [redacted] - 01/26/2023)

132a Monthly fire drill

9. Requirements

2800.
132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

According to multiple resident and staff interviews, most of the residents and staff are made aware in advance before a fire drill is conducted. therefore, fire drills are not unannounced.

Plan of Correction ***Accept ([redacted] - 01/04/2023)***

The Environmental Services Director was educated not to alert residents and team members when a fire drill is conducted ensuring the fire drills are unannounced.
The Executive Director will observe the next 2 fire drills, and interview staff and residents afterwards to inquire if they were told in advance of the fire drill.

Licensee's Proposed Overall Completion Date: *12/30/2022*

Implemented [redacted] 01/26/2023)

171b5 Transportation-first aid kit

10. Requirements

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.

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

Description of Violation

On 11/21/22, the first aid kit in the residence's van used to transport residents did not include eye coverings.

Plan of Correction ***Accept (- 12/29/2022)***

The eye coverings were put in the first aid kit immediately. The community van driver will conduct a quarterly audit to ensure the first aid kit has all of the correct contents.

Licensee's Proposed Overall Completion Date: *12/22/2022*

Implemented (- 01/26/2023)

185a Storage procedures

11. 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

On , during the . shift, the pharmacy delivered 3 medication cards, each card containing 30 tablets of prescribed to resident #2. Staff person C, medication technician, indicated they thought the medication was discontinued, and did not log the medication in the narcotic book and did not lock the medications in the narcotic drawer. Instead, the staff person left the medication on the counter in the medication room. After this shift, one card was missing and the other two were found in the p.r.n slot of the medication cart.

Plan of Correction ***Accept (- 01/04/2023)***

The Plan of Correction includes a process change regarding acceptance of medications that are delivered by the pharmacy. The only personnel who may accept medications are licensed nurses or certified medication techs. Medications are counted by 2 medication techs or 2 nurses before they are put in the medication cart and they are logged in the narcotic book and log. Narcotic medications are counted at the change of each shift by an on coming and out going nurse or med tech. All staff who administer medication will be re-educated on medication procedures. We will keep documentation of the re-education. The Director of Health and Wellbeing will be responsible to ensure medications are accepted and counted correctly.

Licensee's Proposed Overall Completion Date: *12/30/2022*

Implemented - 01/26/2023)

227c Final support plan - revision

12. Requirements

2800.
227.c. The final support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment. The residence shall review each resident's final support plan on a quarterly basis and modify as necessary to meet the resident's needs.

Description of Violation

Staff interviews indicate the residence does not review each resident's final support plan on a quarterly basis and modify as necessary to meet the resident'sneeds, including:
Resident #'1s support plan, date
Resident #2's support plan, date

227c Final support plan - revision (continued)

Resident # 3's support plan, dated [redacted]

Plan of Correction ***Accept ([redacted] - 01/04/2023)***

The Director of Health and Wellbeing will develop a tickler file or enter into the electronic health record a quarterly review be completed for residents on services. Residents #1, #2, #3's support plans were reviewed by Director of Health and Wellbeing on November 23, 2022.

Licensee's Proposed Overall Completion Date: *01/03/2023*

Implemented [redacted] - 01/26/2023)

231e Additional assessments

13. Requirements

2800.
231.e. Additional assessments

1. In addition to the requirements in § 2800.225 (relating to additional assessments), residents of a special care unit for Alzheimer's disease or dementia shall also be assessed quarterly for the continuing need for the special care unit for Alzheimer's disease or dementia.

Description of Violation

Resident #1 was assessed for the need for the special care unit on [redacted] *and has not been assessed quarterly for the continuing need for the special care unit.*

Resident #4 was assessed for the need for the special care unit on [redacted] *and was not assessed again until* [redacted].

Plan of Correction ***Accept ([redacted] - 01/04/2023)***

The Director of Health and Wellbeing will develop a tickler file or enter into the electronic health record a quarterly review be completed for residents in the Memory Care unit for continuing need for the special care unit. Director of Health and Wellbeing assesed Resident #1 and Resident #4 on November 23, 2022.

Licensee's Proposed Overall Completion Date: *01/03/2023*

Implemented ([redacted] - 01/26/2023)