

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

April 7, 2023

[REDACTED]
WASHINGTON OPS LLC
[REDACTED]

RE: HAWTHORNE WOODS AL
791 LOCUST AVENUE
WASHINGTON, PA, 15301
LICENSE/COC#: 45409

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/06/2023 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: *HAWTHORNE WOODS AL* License #: *45409* License Expiration: *10/31/2023*
 Address: *791 LOCUST AVENUE, WASHINGTON, PA 15301*
 County: *WASHINGTON* Region: *WESTERN*

Administrator

Name: *Lauren Houston* Phone: *724-222-1005* Email: *Lauren.Houston@NPSeniorliving.com*

Legal Entity

Name: *WASHINGTON OPS LLC*
 Address: *1110 N DR MLK JR DRIVE,SUITE610, MILWAUKEE, WI, 53203*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *07/11/2000* Issued By: *Labor and Industry*
 Type: *C-2 LP* Date: *05/02/2000* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *1* Total Daily Staff: *103* Waking Staff: *77*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *01/06/2023*

Inspection Dates and Department Representative

01/06/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity:	<i>81</i>	Residents Served:	<i>67</i>
Special Care Unit			
In Home:	<i>No</i>	Area:	
Capacity:		Residents Served:	
Hospice			
Current Residents:	<i>13</i>		
Number of Residents Who:			
Receive Supplemental Security Income:	<i>0</i>	Are 60 Years of Age or Older:	<i>67</i>
Diagnosed with Mental Illness:	<i>0</i>	Diagnosed with Intellectual Disability:	<i>0</i>
Have Mobility Need:	<i>35</i>	Have Physical Disability:	<i>2</i>

Inspections / Reviews

01/06/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/11/2023*

02/27/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *04/06/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/03/2023*

Inspections / Reviews *(continued)*

02/28/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/06/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/30/2023

04/07/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/06/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

42x Safeguard money/property

1. Requirements

2800.

42.x. A resident has the right to a system to safeguard a resident's money and property.

Description of Violation

Resident #1 requested a key to the drawer in [REDACTED] bedroom on numerous occasions to be able to secure [REDACTED] valuables; however, a key was never provided to resident #1. On 12/27/22, resident #1 contacted the police because [REDACTED] wallet, which contained an uncashed check and over \$100 in cash, went missing from [REDACTED] bedroom.

Plan of Correction**Accept (LM - 02/27/2023)**

The community disputes this is a violation; however, state regulations do not provide an avenue to appeal this finding.

This plan of correction is submitted as required under State law. The submission of this Plan of Correction does not constitute any admission of civil or criminal liability on the part of the named Community as to contents stated in this Statement of Deficiencies. Any changes to the Community's policies and procedures made because of its receipt of this Statement of Deficiencies are subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies.

2800.42.x. A resident has the right to a system to safeguard a resident's money and property.

The Community includes in its Resident Handbook options for residents to secure their valuables. The Community disputes the state's finding that Resident 1's right to have a system to safeguard their money and property was violated. The options afforded and detailed in the Resident Handbook include: providing the community items for safe keeping which Resident 1 did not elect to do.

Pertinent content from the Resident Handbook is below:

For your convenience, you may wish to set up a cash account at Hawthorne Woods. You may fund a cash account up to a maximum of \$200 and obtain cash withdrawals as you wish during normal business hours. Please see our Community Director for more details regarding this service.

Our Community does provide a secure drawer in your Apartment Home if you prefer to maintain your money and valuables in your Apartment Home at your risk.

Our Community is not responsible for the loss or theft of cash or property from your Apartment Home or our Community other than those funds and valuables you have provided to us for safekeeping.

The community strongly encourages you to obtain renter's insurance and/or property protection insurance for all of your personal property and valuables located in your Apartment Home. We also strongly advise you against keeping material sums of money or valuables in your Apartment Home.

Resident 1 was provided a key for [REDACTED] locked drawer on [REDACTED] upon move-in. See attachment A, Key and Emergency Pendant Release Form. Resident 1 could not locate [REDACTED] key to the locked drawer at time of inspection. The Executive Director provided Resident 1 a replacement key while the licensing representative was on site.

The Executive Director interviewed managers and other team members that routinely interact with Resident 1 who reported Resident 1 had not requested a replacement key.

When the incident report was submitted to the Bureau of Human Services Licensing in December 2022 in response to Resident 1 asserting [REDACTED] wallet, money and an uncashed check was missing, a police report was filed. The police interviewed the Executive Director and Resident 1 regarding the missing belongings. Resident 1 made no mention

42x Safeguard money/property (continued)

of being unable to secure [redacted] belonging in the secured drawer due to losing the key to the drawer or that [redacted] had made repeated requests for a replacement key. Resident 1 was educated at the time of having identified the missing items of the options available to secure possessions. Resident 1 did not request or notify the Community [redacted] was missing [redacted] key until 01/06/2023.

The Care Team Manager or designee will complete an audit of occupied apartments and confirm that each resident continues to have a key to the locked drawer for storing their valuables. Residents will be instructed to report to management at the time of identification any missing or lost keys. The audit and delivery of the communication will be completed by 3/30/2023.

The Executive Director or designee will provide education to all team members regarding actions to be taken if a resident reports a missing key to their apartment home, mailbox, or locked drawer. Education will be completed by 03/30/2023.

Licensee's Proposed Overall Completion Date: 03/30/2023

Implemented (LM - 04/07/2023)

141b1 Annual medical evaluation

3. Requirements

2800.

141.b. A resident shall have a medical evaluation:

- 1. At least annually.

Description of Violation

Resident #1's most recent medical evaluation, which indicates the form was completed on [redacted], does not include the date of the in-person evaluation, the professional license number of the medical professional completing the form, or the date the form was signed by the medical professional. These sections of resident #1's medical evaluation are blank.

Plan of Correction

Accept (LM - 02/28/2023)

This plan of correction is submitted as required under State law. The submission of this Plan of Correction does not constitute any admission of civil or criminal liability on the part of the named Community as to contents stated in this Statement of Deficiencies. Any changes to the Community's policies and procedures made because of its receipt of this Statement of Deficiencies are subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies.

2800.141 Resident Medical evaluation and health care (b) A resident shall have a medical evaluation: (1) At least annually.

The Health and Wellness Director will ensure Resident 1's primary care physician provides the missing elements on the annual medical evaluation dated [redacted]. This will be completed by [redacted]

The Health and Wellness Director or designee will work to ensure residents receive at least annually a medical evaluation with all required elements.

141b1 Annual medical evaluation (continued)

The Executive Director or designee will review each completed medical evaluation within 5 business days of receipt to ensure there are no omissions of required information by the physician. This will begin week of February 27, 2023. The Executive Director or designee will complete an audit to identify annual evaluations with missing information for all community residents. The audit will start the week of 02/27/2023 and be completed no later than 05/22/2023 with requests for omitted information on any medical evaluations submitted to the physician upon identification.

Licensee's Proposed Overall Completion Date: 05/22/2023

Implemented (LM - 04/07/2023)