

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

March 13, 2023

[REDACTED]  
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 02/15/2023, 02/16/2023, 02/17/2023 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: *STRABANE WOODS OF WASHINGTON* License #: *44542* License Expiration: *01/28/2024*  
 Address: *319 WELLNESS WAY, WASHINGTON, PA 15301*  
 County: *WASHINGTON* Region: *WESTERN*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

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

**Certificate(s) of Occupancy**

Type: *I-2* Date: *11/17/1999* Issued By: *Labor and Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *89* Waking Staff: *67*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *02/17/2023*

**Inspection Dates and Department Representative**

02/15/2023 - On-Site: [REDACTED]  
 02/16/2023 - On-Site: [REDACTED]  
 02/17/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *100* Residents Served: *76*  
 Special Care Unit  
 In Home: *No* Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: *5*  
 Number of Residents Who:  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *76*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *13* Have Physical Disability: *0*

**Inspections / Reviews**

02/15/2023 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/12/2023*

Inspections / Reviews (*continued*)

## 03/09/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/13/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/14/2023

## 03/13/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/13/2023

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 2/15/23, at 11:42 a.m., there was a posting hanging above the exit door labeled in red, indicating "Wander Guards" and the names of resident #1 and resident #2, and the date the wander guard was applied.

Repeat violation: 2/14/22

Plan of Correction

Accept (JW - 03/09/2023)

The administrator immediately notified the receptionist, who removed the names from the posting at the doorways. The receptionist voiced [redacted] understanding of not listing a resident's name due to confidentiality per 2800.17 The inspector reviewed the door postings and reviewed the removal of the names and only the apt. number of the resident is posted. The administrator will make random checks throughout the facility.

Licensee's Proposed Overall Completion Date: 03/07/2023

Implemented (JW - 03/13/2023)

85d Trash cans – kitchen/bath

2. Requirements

2800.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 2/15/23, at 1:10 p.m., the trash can in the second-floor visitor bathroom did not have a lid.

Plan of Correction

Accept (JW - 03/09/2023)

The trash receptacle was removed by a housekeeper and replaced with a covered receptacle. The staff was educated on the importance of trash receptacles in kitchens and bathrooms be covered. The housekeeping staff will monitor the trash cans while making their cleaning rounds per 2800.85(d).

Licensee's Proposed Overall Completion Date: 03/07/2023

Implemented (JW - 03/13/2023)

105g Dryer lint removal

3. 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.

105g Dryer lint removal (continued)

**Description of Violation**

On 2/15/23, there was an accumulation of lint, measuring approximately 1 1/4-inch, in the lint trap of the dryer located on the second floor of the home.

**Plan of Correction**

*Accept (JW - 03/09/2023)*

The lint was removed after it was discovered. (Signage to remove lint after dryer use was posted above each dryer). The nursing assistants and residents were reminded to remove lint after the use of the dryer at the resident meeting on 2/16/23. The staff and residents verbalized an understanding of the safety issues 2800.105(g). The administrator will check dryers on a random schedule

Licensee's Proposed Overall Completion Date: 03/07/2023

*Implemented (JW - 03/13/2023)*

121a Unobstructed egress

**4. Requirements**

2800.

121.a. Stairways, hallways, doorways, passageways and egress routes from living units and from the building must be unlocked and unobstructed.

**Description of Violation**

On 2/15/23, at approximately 3:35 p.m., the second-floor exit door leading to the courtyard was propped open by a chair which partially blocked the door, posing a trip/fall hazard.

On 2/15/23, at approximately 4 p.m., the third-floor door leading to the outside courtyard was propped open by a chair which partially blocked the door, posing a trip/fall hazard.

**Plan of Correction**

*Accept (JW - 03/09/2023)*

The chairs were immediately removed from the doorways leading to the balconies. The staff was educated regarding propping a door with a chair. Per instruction, they can use a rubber door stop. Staff will monitor compliance of 2800.121(a) going forward.

Licensee's Proposed Overall Completion Date: 03/07/2023

*Implemented (JW - 03/13/2023)*

184a Resident meds labeled

**5. Requirements**

2800.

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

**Description of Violation**

Resident #3 is prescribed Buspar (Buspirone) 10mg, take 1 tablet by mouth 3 times daily; however, the pharmacy label indicates take 1 tablet three times a day as needed.

Repeat Violation: 2/14/22

**184a Resident meds labeled (continued)****Plan of Correction****Accept (JW - 03/09/2023)**

Resident # 3 medication bottle was a mail order vial that arrived from the resident's home. Upon being notified of the violation the Resident Support Coordinator placed a "Direction Change" label on the medication bottle. The inspector witnesses the "Direction Change" sticker being placed on the bottle. The LPNs and Medication Techs will monitor the medication orders and any changes that occur per 2800.184(a).

**Licensee's Proposed Overall Completion Date: 03/07/2023**

**Implemented (JW - 03/13/2023)**