



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 2 4 2014

Ms. JoAnn Standish, Administrator
Standish's Assisted Living, Inc.
158 Chestnut Ridge Road
Washington, Pennsylvania 15301

RE: Standish's
License #: 406300

Dear Ms. Standish:

As a result of the Department of Human Services' licensing inspection on October 29, 2014, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period January 27, 2015 to January 27, 2016 was issued on October 3, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Director

MJ

Enclosure
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: STANDISH S		License Number: 40630
Address: 158 CHESTNUT RIDGE ROAD, WASHINGTON, PA 15301		County: <i>Washington</i>
Administrator: JOANN STANDISH		Region: WEST
Legal Entity Name: STANDISH S ASSISTED LIVING INC		
Legal Entity Address: 158 CHESTNUT RIDGE ROAD, WASHINGTON, PA 15301		
Certificate(s) of Occupancy C-3 SP 08/05/1999 Labor & Industry		
Staffing Hours Resident Support: 0 Total Daily Staff: 7 Waking Staff: 5		
Type of Inspection: Full		BHA Docket Number: Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 10/29/2014: Flinger-Alman, Lisa; Wenzig, Janine		
Off-Site Inspection Dates and Inspectors, if Applicable 		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 6 Number of Residents Served: 6 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 3	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 6 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 1 Have a Physical Disability: 0	

Violation Report: 40117-2013-2014 - Flinner-Alman, Lisa
PCH Name: STANDISH JS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2609

2600.17 - 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.

2a. DESCRIPTION OF VIOLATION

The resident privacy coding document was attached to the licensing inspection summary, dated 10/21/13, which was posted on the bulletin board in the dining room.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to prevent recurrence of the violation above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include a date by which the steps will be completed.

I have detached the final page with the resident's names and placed it in a binder in my closet.

I also did the same with the current report.

In the future - I will be more diligent in making sure

I separate the final report and store it correctly (filed)

JoAnn Standish

Repeat Violation No. _____ Date(s) of Previous Violation(s): _____

Signature of Legal Entity Representative (Required on EVERY Page) *JoAnn Standish, adm.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *JoAnn Standish, Administrator* Date *11-24-2014*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12/3/14 (Date)

Plan of correction implementation status as of 12/3/14 (Date)

The above plan of correction was approved by *JS* (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *JS*
- Partially Implemented - Inadequate Progress
- Not Implemented

NOV 25 2014

Violation Report: 40620 - 10/23/2014 - Pinner-Alman, Lisa
PCH Name: STANDISH

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.82(c) Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

Two bottles of toilet stain remover, with a manufacturer's label indicating "Harmful if ingested. Contact physician. Consult with local poison control center", were unlocked and accessible to residents in the cabinet in the common bathroom located off of the dining area.

A can of 3M Dust Remover, with a manufacturer's label indicating "Get immediate medical attention if inhaled", was unlocked and accessible in a cabinet drawer in the common bathroom located off of the dining area.

A container of floor cleaner, with a manufacturer's label indicating "If swallowed, get medical attention if irritation persists", a bottle of 409 cleaner, a container of toilet bowl cleaner and a bottle of all purpose cleaner with manufacturer's labels indicating "Contact poison control or doctor", were unlocked and accessible in the laundry room.

A container of Mr. Clean, with a manufacturer's label indicating "Call physician or poison control", a bottle of Goo Gone, with a manufacturer's label indicating "Call physician immediately", a container of Comet, with a manufacturer's label indicating "Contact poison control center" and a container of Rejuvenate cleaner were unlocked and accessible to residents in the large visiting/kitchen area at the back of the home.

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

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include a date by which the steps will be completed.

CABINETS: All cleaned and organized to see Volume of
cleaners/supplies - repackaged & organized in locked
containers HEAVY duty MASTER LOCKS with keys
Fitted for HANDLES. Immediately - All staff persons will be reeducated
on keeping poisons locked.
Immediately - A designated staff person, daily and on each shift will
monitor the home to ensure all poisons are kept locked.
Immediately - The administrator will monitor the home at least weekly to ensure poisons are locked.

Repeat Violation: (Date) of Previous Violation(s): 10/21/2013

Signature of Legal Entity Representative (Required on EVERY Page) *JoAnn Standish*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) JOANN STANDISH, administrator Date 11-24-2014

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The above plan of correction is approved as of 12/3/14 (Date)

Plan of correction implementation status as of 12/3/14 (Date)

The above plan of correction was approved by *Jh* (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 40533-12/19/2014 - Flinner-Alman, Lisa
PCH Name: STANDISH

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa Code §2600
2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
The ramp from the kitchen to the laundry room was not flush with the floor, and the threshold at this door was not secured to the floor, posing a tripping hazard.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- Small white threshold ^{wood piece} glued to floor and has been effective since day of inspection.
- Solid steel ramp unable to modify due to size of area. molding added to top of ramp to make flush with door threshold. Commercial rug added for smooth transition with wheelchairs.
thanks

Immediately - The administrator or a designated staff person will monitor the area at least twice daily to ensure the area is level and there is no tripping hazard. Bradley

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) JoAnn Standish, Administrator

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) JoAnn Standish, adm. Date 11-24-2014

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12/3/14 (Date)

Plan of correction implementation status as of 12/3/14 (Date)

The above plan of correction was approved by [Signature] (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 40955 - 10/28-29/14 - Finner-Alman, Lisa
PCH Name: STANDISH

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa Code §2600
2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION
The first aid kit did not include adhesive bandages.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
include steps to correct the violation(s) referenced above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include a date by which the steps will be completed.

New band-aids Added to each kit, at the time of inspection, Staff stated they disposed of them after last fire drill due to expiration.
Thanks -

By 12/31/14 -

All staff persons will be educated on the Home's system for replacing items in the first aid kit.

By 12/31/14 - A designated staff person will check the first aid kit at least monthly to ensure it is complete.

12/31/14

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) JoAnn Standish

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) JoAnn Standish, administrator Date 11-24-2014

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12/31/14 (Date)

Plan of correction implementation status as of 12/31/14 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by [Signature] (Initials)

ARCHIVES

NOV 29 2014

Violation Report: 43690 - 10/29/2014 - Finner-Alman, Lisa
PCH Name: STANDISH, J

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600
2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed

2a. DESCRIPTION OF VIOLATION
There was a wheelchair blocking the rear exit of the home next to the main living room area.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Staff reminded to keep wheelchairs away from egress area. Once residents are placed in recliners staff are reminded to put wheelchair back at table or in their bedrooms. Wheelchair was moved to table on date of inspection.
Immediately - The administrator will monitor egress areas, including the rear exit, at least 3 times a week to ensure it is kept clear of obstructions.

Repeat Violation(s):	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>JoAnn Standish, administrator</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>JoAnn Standish, adm.</i>	Date <i>11-24-2014</i>

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The above plan of correction is approved as of <u>12/3/14</u> (Date)	Plan of correction implementation status as of <u>12/3/14</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

NOV 29 2014

Violation Report: 40090 - 10/29/2014 - Finner-Alman, Lisa
PCH Name: STANDISH, S

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600
2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION

There was an ironing board and a roll of plastic stored next to the hot water tank and two irons on top of the hot water tank

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Roll of plastic moved to a closet.
I've been unable to find an ironing board cover that is completely non-flammable. So, I purchased a bracket to hold the ironing board and I've hung it in my children's closet. NOT in hot water closet. Thanks

By 12/3/14 - All staff will be educated on keeping the hot water tank closet free of combustible materials

By 12/3/14 - The administrator will check the hot water tank closet at least weekly to ensure no combustible materials are placed there. P 12/3/14

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) John Standish, Administrator

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) JOAnn Standish, administrator Date 11-24-2014

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The above plan of correction is approved as of 12/3/14 (Date)

Plan of correction implementation status as of 12/3/14 (Date)

The above plan of correction was approved by [Signature] (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress 2
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 400377-10/29/2014 - Filmer-Alman, Lisa
 PCH Name: STANDISH

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa. Code §2600
 2600.131(a) - There shall be at least one operable fire extinguisher with a minimum 2-A rating for each floor, including the basement and attic

2a. DESCRIPTION OF VIOLATION
 There is no operable fire extinguisher in the attic.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include a plan by which the steps will be completed.

An additional fire extinguisher was purchased and mounted in the attic AT the top of the pull-down steps.
 Thanks

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Juan Standish, administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *JUAN STANDISH administrator* Date *11-24-2014*

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The above plan of correction is approved as of 12/3/14 (Date)
 The above plan of correction was approved by [Signature] (Initials)

Plan of correction implementation status as of 12/3/14 (Date)

Fully Implemented *[Signature]*
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 4770-10052014 - Finner-A'man, Lisa
 PCH Name: STANDISH

NOV 23 2014

1. REGULATION 55 Pa. Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

There was not a sleeping hours fire drill conducted once every 6 months. Seven months elapsed between the drills held on 3/11/14 at 11:30 p.m. and 10/1/14 at 5:30 a.m.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include a date by which the steps will be completed.

Closer monitoring AS to times to do pm and overnight fire drills discussed with all staff members. Administrator to monitor more close. Will discuss with Lone Pine Fire Dept. and see if they will conduct A fire Drill during sleep hours. Thanks -

The administrator will ensure that no more than 6 months elapse between sleeping hours fire drills.

12/3/14

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *JoAnn Standish*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *JoAnn Standish, administrator* Date *11-27-2014*

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The above plan of correction is approved as of 12/3/14 (Date)

Plan of correction implementation status as of 12/3/14 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *[Signature]* (Initials)

NOV 29 2014

Violation Report: 40611 - 10/29/2014 - Flinner-Alman, Lisa
PCH Name: STANDISH

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa. Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

The assessment dated 10/16/14, for resident #2 ^{Flinner} does not include the diagnoses of diverticulitis left upper extremity, GERD, hypertension, depression, osteoporosis and hyperlipidemia that are indicated on the medical evaluation, dated 10/10/14.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, indicate when they will be completed.

Better carry-over on all diagnosis ^{on support assessments} to be done by Administrator if a med is still being given for a diagnosis. I usually only list (5) of the dx that have meds attached. Will be more thorough in future — Thanks.

Immediately -
The assessment for resident # updated for diagnoses.

by 1/31/15 - The administrator will review the assessments of all current residents to ensure they are complete.
A. Flinner

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) Juan Standish, administrator

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) JUAN STANDISH, administrator Date 11-24-2014

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The above plan of correction is approved as of 12/3/14 (Date)

Plan of correction implementation status as of 12/3/14 (Date)

The above plan of correction was approved by [Signature] (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 40331 - 10/29/2014 - Flinner-Alman, Lisa
PCH Name: STANDISH, J

1. REGULATION 59 Pa. Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

NOV 25 2014

WEST CHESTER FIELD OFFICE
Homes Services Licensing

2a. DESCRIPTION OF VIOLATION

Ray
The assessment, dated 6/23/14, for resident #3 does not include the diagnoses of atrial fibrillation, dementia, depression, GERD and BPH that are indicated on the medical evaluation, dated 6/23/14.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include a date by which the steps will be completed.

Again a more thorough carry-over will be done when ^{recording} doing updates and new assessments. Although some of those dx were resolved, dementia was not and I failed to record it. I will be more specific in future.

Thanks,

Immediately - The administrator will update the assessment for resident #3.

By 1/31/15 - The administrator will review the assessments of all current residents to ensure they are complete.

J
12/3/14

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Juan Standish, administrator*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Juan Standish, administrator* Date *11-24-2014*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12/3/14
(Date)

Plan of correction implementation status as of 12/3/14
(Date)

The above plan of correction was approved by *J*
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented