



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 1 2 2016

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' annual licensing inspection on July 14, 2016 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.

Sincerely,

A handwritten signature in black ink that reads 'Jacqueline L. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: STANDISH'S		License Number: 40630D
Address: 158 CHESTNUT RIDGE ROAD, WASHINGTON, PA 15301		County: Washington
Administrator: Joanne Standish		Region: WEST
Legal Entity Name: STANDISH'S ASSISTED LIVING INC		
Legal Entity Address: 158 CHESTNUT RIDGE ROAD, WASHINGTON, PA 15301		RECEIVED
Certificate(s) of Occupancy C3 08/05/1999 L&I		SEP 23 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 9	Waking Staff: 7
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 07/14/2016: Marini, Michael		
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: 7 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: 2 Number of Hospice Residents in past year: 4		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: 3 Have a Physical Disability: 3

SEP 23 2016

Violation Report: 406300 07/14/2016 - Marini, Michael
PCH Name: STANDISH'S WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
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
At 9:22 AM, the July medication administration records for all 6 residents in the home were unlocked and accessible on a shelf 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 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.
The MAR is now and WAS at the time of the inspection and told by inspector - immediately put away and locked in the med cabinet. The violation was noted in our communication log and all staff are to monitor each other so that the violation does not reoccur. Also, home health aids and hospice aids were also informed of the violation and were told to keep their notes (hospice, PT, ST & OT) locked as well.
* The final page of my plan of corrections which listed 2 or 3 residents was posted along with the plan of corrections on our bulletin board back then! Since that inspection, it has been removed, and in a binder as page 1 of 1 of this report will be also. Thank you,
See page 2A of 6

Repeat Violation: Yes) Date(s) of Previous Violation(s): 10/29/2014

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 9-17-2016

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

The above plan of correction is approved as of 10/18/16 (Date)
The above plan of correction was approved by [Signature] (Initials)
Plan of correction implementation status as of 10/18/16 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

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OCT 18 2016

Page 2 of 8

WEST BROMFIELD OFFICE
Human Services Licensing

Violation Report: 40630 - 07/14/2016 - Marini, Michael
PCH Name: STANDISH S

1. REGULATION 55 Pa.Code §2600
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

At 9:22 AM, the July medication administration records for all 6 residents in the home were unlocked and accessible on a shelf 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 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.

Within 7 days of receipt of the plan of correction: All staff persons shall be educated on the importance maintaining confidentiality and securing resident records, including resident medication administration records. Documentation of the education shall be kept.

Immediately: The administrator or designated staff person shall inspect the home, at least daily, to ensure all resident records and health information is secure and not accessible, including resident medication administration records.

Repeat Violation: Yes Date(s) of Previous Violation(s): 10/29/2014

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* Date *10-18-2016*

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

The above plan of correction is approved as of _____ (Date)

Plan of correction implementation status as of _____ (Date)

The above plan of correction was approved by _____ (Initials)

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

SEP 28 2016

Violation Report: 40630/07/14/2016 - Marini, Michael
PCH Name: STANDISH'S

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

- ① The first floor bathroom does not have a functional lock on the door to provide privacy while in use.
- ② There is an audio baby monitor in the sitting room and a receiver in the owner's living quarters. Residents are unable to turn the monitor on and off.

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.

- ① A hook lock was placed on the door as suggested by the inspector. However, one resident locked [redacted] inside the bathroom twice so we moved the hook-lock 6 more inches to provide privacy while bathroom is in use.
- ② The audio baby monitor, though not connected was removed from the facility. It was only there to provide comfort to Resident # 4 because she was always listening for [redacted] "baby". I explained to [redacted] family and [redacted] that it was a violation and was not permitted in the living area nor my living quarters. All parties in [redacted] family and [redacted] were fine with its removal.

Thank you,

See Page 3A of C

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *J Ann Standish*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *J Ann Standish, administrator* Date *9-17-2016*

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The above plan of correction is approved as of 10/18/16 (Date)

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

Plan of correction implementation status as of 10/18/16 (Date)

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- Not Implemented

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OCT 18 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Page 3 of 6
A

Violation Report: 40630 - 07/14/2016 - Marini, Michael
PCH Name: STANDISH S

1. REGULATION 55 Pa.Code §2600
2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

The first floor bathroom does not have a functional lock on the door to provide privacy while in use.

There is an audio baby monitor in the sitting room and a receiver in the owner's living quarters. Residents are unable to turn the monitor on and off.

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.

Immediately: The administrator or designated staff person shall inspect all common restrooms to ensure locks are present on the bathroom doors to ensure privacy while in use.

Immediately: The administrator or designated staff person shall inspect all areas of the home to ensure no audio monitors are in use.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *J. Ann Standish*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *J. Ann Standish* Date *10-18-2016*

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The above plan of correction is approved as of _____
(Date)

Plan of correction implementation status as of _____
(Date)

The above plan of correction was approved by _____
(Initials)

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

Violation Report: 40630 - 07/14/2016 - Marini, Michael
PCH Name: STANDISH S
WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.101(j)(5) - Each resident shall have the following in the bedroom: A bedside table or a shelf.

2a. DESCRIPTION OF VIOLATION
There is no bedside table or shelf by the beds of resident #1 or resident #2.

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.

Resident ① had a ~~tray~~ ^{bedside} table that was in another room because [redacted] was playing cards there the night before. Since then, staff was informed to not remove bedside stands or tray tables from any rooms.

Resident ② Had a high-low bed placed in [redacted] room 2 days prior to inspection and we were still trying to see if the set up was compatible and safe for [redacted] to maneuver around safely. A oversite, and now there is a tray table and night stand in [redacted] room at all times.

See Page 4A of 6
Thank you,
A bedside table or shelf was provided to resident #1 and resident #2.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *J Ann Standish, adm.* Date *9-17-2016*

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

Plan of correction implementation status as of 10/18/16 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress ✓
 Partially Implemented - Inadequate Progress
 Not Implemented

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OCT 18 2016

Page 4 of 6 ^A

Violation Report: 40630 - 07/14/2016 - Manini, Michael
PCH Name: STANDISH S WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.101(j)(5) - Each resident shall have the following in the bedroom: A bedside table or a shelf.

2a. DESCRIPTION OF VIOLATION
There is no bedside table or shelf by the beds of resident #1 or resident #2.

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.
Immediately: The administrator or designated staff person shall inspect all resident bedrooms to ensure a bedside table or shelf is present, and within reach, of each resident bed.

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 Date 10-18-2016

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

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 40830 - 07/14/2016 - Marini, Michael
PCH Name: STANDISH S

SEP 23 2016

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

Resident #1 does not have a source of light that can be turned on and off from his/her bedside.

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.

Correction Resident #2.

Resident ① had a punchlight mounted on [redacted] wall and ^{one} stuck to head of [redacted] bed during inspection.

Resident #2 did not. [redacted] bed was exchanged for a high-low bed 2 days prior and room was still being monitored for functionality for [redacted] safety. Since then, [redacted] has a punch light mounted to [redacted] wall, on [redacted] bed and a nightstand light.
Thank you.

See Page 5A of 6

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Juann Standish* Date *9-17-2016*

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The above plan of correction is approved as of 10/18/16 (Date)

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

Plan of correction implementation status as of 10/18/16 (Date)

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

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OCT 18 2016

Page 5 of 8

Violation Report: 40630 - 07/14/2016 - Marini, Michael
PCH Name: STANDISH S
WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600
2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
Resident #1 does not have a source of light that can be turned on and off from his/her bedside.

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.
Immediately: The administrator or designated staff person shall inspect all resident bedrooms to ensure an operable lamp or other source of lighting is present, and within reach, of each resident bed.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date
Jeanne Standish *10-18-2016*

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The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 40630 - 07/14/2016 - Marini, Michael
PCH Name: STANDISH S

SEP 23 2016

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION
The main exit door was the only exit route used during 9 of the last 10 fire drills.

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 and notes made on fire drill log to regularly use alternate route.

Since then a deck has been added to the alternate route which everyone seems to enjoy

Drill was practiced with fire dept using alternate ~~exit~~ also recently

Thank you,

Immediately: The administrator will review all fire drill records to ensure alternate exits are used during fire drills. R

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jeanne Standish, adm.* Date *9-17-16*

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

The above plan of correction is approved as of <u>10/18/16</u> (Date)	Plan of correction implementation status as of <u>10/18/16</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress ✓ <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented