



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

OCT 23 2017

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 June 7, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

  
Jacqueline L. Rowe  
Director

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: Washington
Administrator: JoANN STANDISH		Region: WEST
Legal Entity Name: STANDISH S ASSISTED LIVING INC		<b>RECEIVED</b>
Legal Entity Address: 158 CHESTNUT RIDGE ROAD, WASHINGTON, PA 15301		
Certificate(s) of Occupancy C3 08/05/1999 Labor and Industry		SEP 08 2017 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
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 06/07/2017: Bartlett, Patricia		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
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: 3 Number of Hospice Residents in past year: 2	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 0 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 3 Have a Physical Disability: 0	

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Violation Report: 40830 - 06/07/2017 - Bartlett, Patricia  
PCH Name: STANDISH S

SEP 08 2017

1. REGULATION 55 Pa.Code §2600

2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The circuit breaker for bedroom #2 would not reset to allow electricity to the room. Resident [redacted] resides in bedroom #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.

Bedside wall mounted light, purchased at Lowes, had a wire nut that fell off triggering the breaker to jump. Outlet was inspected by an electrician and was in good working order, but replaced. Light was disassembled and repaired. No electrical issues. Light was new and wire nut was too loose. WAS tightened and electrical tape was used to ensure occurrence would not recur.

Thanks

Immediately: All staff persons shall be educated on the requirements of regulation 2600.95 and reporting or repairing furniture and equipment that is not in good repair, not clean or is hazardous. Any hazards will be immediately corrected. If furniture or equipment is in disrepair and cannot be repaired immediately, it will be immediately removed from service. Documentation of education shall be kept. 9-8-17

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 *8-7-17*

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

The above plan of correction is approved as of 9-8-17 (Date)

Plan of correction implementation status as of 9-8-17 (Date)

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

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

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Violation Report: 40630 - 06/07/2017 - Bartlett, Patricia  
PCH Name: STANDISH S

SEP 08 2017

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE

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 home's first aid kit, in the kitchen cabinet, did not include a thermometer.

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 used thermometer AND placed it in supply cupboard. NOT back into 1st aid kit.

Home purchased 2 additional thermometers and instructed staff to make sure that anything used from 1st aid kit must be reported, returned and/or replaced.

Immediately: The administrator or designee shall conduct an initial and monthly check of the first aid kit to ensure all required items are available in the first aid kit in accordance with regulation 2600.96(a). 7-8-17,

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

8-7-17

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8-8-17  
(Date)

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Not Implemented

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*J*  
(Initials)

SEP 08 2017

Violation Report: 40630 - 06/07/2017 - Bartlett, Patricia  
PCH Name: STANDISH S

**WEST REGION FIELD OFFICE**  
Human Services Licensing

**1. REGULATION 55 Pa.Code §2600**

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**2a. DESCRIPTION OF VIOLATION**

The home's fire drill record indicates a fire drill was conducted on 11/15/16. The time recorded for the fire drill is \*1:57 AM or PM is

**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 was reminded to use AM or PM after all fire drills.

Oversight on administrators part to see same staff every shift. Was easy to recognize error.

Administrator and staff members to monitor each other on future drills

Thanks -

Immediately: The administrator shall monitor all fire drills and the fire drill record monthly to ensure an unannounced fire drill is conducted at least once a month and is documented on a fire drill record which includes all information required in accordance with regulation 2600.132(c). 9-8-17

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Juan Standish Administrator*      Date *8-7-17*

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

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Violation Report: 40630 - 06/07/2017 - Bartlett, Patricia  
PCH Name: STANDISH S

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

The home's policy for Controlled Substance Accountability indicates, "Controlled medications will be counted from the highest number down to the lowest number, by the Lead Med Tech, at change of shift, and will be signed for, on the Controlled Medication Control Sheet, prior to starting/relieving shift duties".

On 4/21/17 at 3:00 p.m., direct care staff person A administered 1/2 tablet of Clonazepam to resident #2. However, direct care staff person A did not record the administration of the medication on the controlled substances count record. None of the controlled substance counts since that time discovered the discrepancy in the medication count.

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

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Resident # 2 had 2 different cards of Clonazepam. Card (1) 1/2 tablet as needed card (2) 1 tablet scheduled. PM staff gave a 1/2 tablet from card (1), recorded it on the controlled substance sheet attached to card but did not transfer delivery to MAR. Only one 1/2 dose from card (1) was given in 3 month period.

Staff again reoriented on MARs and safe delivery and recording of meds.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*John Standish*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

John Standish, adm.

Date 8-7-17

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(Initials)

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(Date)

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**Standish's**  
158 Chestnut Ridge Rd.  
Washington, PA 15301  
(724) 229-8801

Certificate # 406300

Addendum to page 5 of plan of corrections.

The Administrator will check monthly to ensure that the count of all controlled medications is accurate and in compliance with the homes policy and procedures.

Thank you,

Jo Ann Standish  
9-8-17

Jo Ann Standish, administrator  
9-8-17

**RECEIVED**

SEP 08 2017

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Human Services Licensing

