



AUG 29 2018

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

RE: Standish's  
Certificate #: 406300

Dear Ms. Standish:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 22, 2018, 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,

A handwritten signature in black ink that reads "J. 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: 40630
Address: 158 CHESTNUT RIDGE ROAD, WASHINGTON, PA 15301		County: Washington
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 PA Dept L&I		
Staffing Hours Resident Support: 0                      Total Daily Staff: 11                      Waking Staff: 8		
Type of Inspection: Full                      BHA Docket Number:                      Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 05/22/2018. Pfaff, Vicki		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p><b>RECEIVED</b></p> <p>AUG 10 2018</p> <p>WEST REGION FIELD OFFICE Human Services Licensing</p>		
Other Details Partial or Full Triggers:                      Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 7 Number of Residents Served: 7 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: 4 Number of Hospice Residents in past year: 6	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 7 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 4 Have a Physical Disability: 0	

*JoAnn Standish 8/8/18*

*Thank-you*

AUG 10 2018

Violation Report: 40630 - 05/22/2018 - Pfaff, Vicki  
PCH Name: STANDISH S

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Senna Laxative – Stool Softener 8.6-50mg oral 1 tablet daily. However, 2 of 3 blister packs of medication have a prescription label the reads: Senna-Times 8.6-50mg – take 1 tab by mouth every other day.

Resident #1 is prescribed Preservision Areds 2 soft gels – take 1 capsule by mouth twice daily. However, the pharmacy label for the medication indicates take two capsules by mouth twice daily.

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.

Corrected: Our facility only uses ① pharmacy now! (Issue corrected same day.)  
 Hospice nurse changed Senna (Otc) stool softener and used their pharmacy to fill. No communication to staff or to our in-house pharmacy to correct the MAR.  
 - Inspector recommended to hand write on the card "order change, see MAR."  
 Resident ① Areds 2 soft gels - Overwrite on the label. It is a OTC eye vitamin that was labeled at start of med and not caught by staff or pharmacist.  
 1) Staff was all re-educated and instructed to check all labels and MARs at least monthly with another staff member - meaning 2 different checks!  
 Administrator to check off all cards/labels with MAR monthly when meds are delivered from pharmacy.  
 2) No new policy needed, just reminders for staff to pay attention and communicate any changes to each other via communication log.

Repeat Violation: No	Date(s) of Previous Violation(s):	to each other via communication log.
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Signature of Legal Entity Representative (Required on EVERY Page)	Jo Ann Standish, Administrator
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
JO Ann Standish, Administrator	8-8-18

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

The above plan of correction is approved as of <u>8-17-18</u> (Date)	Plan of correction implementation status as of <u>8-17-18</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