



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to HSRE-WSL OF WEXFORD VI TRS LLC
LEGAL ENTITY

To operate THE WATERS OF WEXFORD
NAME OF FACILITY OR AGENCY

Located at 210-212 FOWLER ROAD, WARRENDALE, PA 15086
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Assisted Living-Special Care
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 143
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)
Special Care Unit - 55 Pa.Code §§ 2800.231-239 - Capacity 29

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2800: Assisted Living Residences
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from September 27, 2018 until March 27, 2019,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **449361**

Robert E. Robinson
ISSUING OFFICER

Carolyn K. Ellison
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 - 2/18cse



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OCT 15 2018

Lynn Carlson Shell
Chief Executive Officer
HSRE – WSL of Wexford, VI TRS, LLC
1600 Hopkins Crossroads
Minnetonka, MN 55305

RE: The Waters of Wexford
210-212 Fowler Road
Warrendale, PA 15086
License #: 449361

Dear Ms. Shell:

As a result of the Department's Bureau of Human Services Licensing inspection on August 30, 2018, of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2800 (relating to Assisted Living Residence), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because the home is new and not yet serving four or more residents.

In accordance with 55 Pa.Code § 2800.11(b) (relating to procedural requirements for licensure or approval of assisted living residences) a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, violations on the enclosed License Inspection Summary were found. All violations specified on the License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2800 must be maintained.

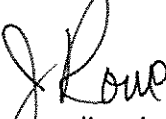
Your PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2800.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services provider application submission experience. To participate in the online applicant survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Application.

Lynn Carlson Shell

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 applicant responses. Thank you in advance for providing feedback.

Sincerely,



Jacqueline L. Rowe
Director

Enclosures

License

License Inspection Summary

LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa.Code § 2800

ALR Name: The Waters of Wexford		License Number: 44936-0
Address: 210-212 Fowler Road, Warrendale, Pennsylvania 15086		County: Allegheny
Administrator: Kathy Yahner		
Legal Entity Name: HSRE – WSL of Wexford, VI TRS, LLC Lynn Carlson Schell, CEO		
Legal Entity Address: 1600 Hopkins Crossroad, Minnetonka, MN 55305		
Certificate(s) of Occupancy: I-1, I-2, Marshall Township, May 17, 2018		
Type of Inspection: Full		
Reason(s) for Inspection(s): New		
On-Site Inspections Dates and Department Representatives On-Site: 0 8/30/2018 Trish Bartlett, Scott Klein		
Off-Site Inspection Dates and Inspectors, if Applicable: N/A		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 143 Number of Residents Served: 0 Secured Dementia Care Unit in Home: <i>yes</i> Area: <i>AA</i> Secured Unit Capacity: <i>33</i> Number of Residents Served in Secured Dementia Care Unit, if applicable: 0 Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	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: 0 Have a Physical Disability: 0	

Regulation 2800.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and assisted living residence complaint hotline shall be posted on or by each telephone with an outside line.

The home's telephone system requires the caller to dial the number "9" to access an outside line. However, the posted telephone numbers at all telephones with an outside line, do not indicate the number "9" must be first be dialed to reach an outside line.

Plan of Correction

The emergency number sheets had been updated and replaced with the instruction to dial 9 for an outside line. This was completed on the day of the inspection. We have implemented a monthly audit tool to ensure they remain in place, correct, and in the designated areas.

I have enclosed a picture and an audit sheet for your review

Printed Name and Title of Legal Entity Representative (Required on all pages) <i>Kathy Yanner Regional Director</i>	
Signature of Legal Entity Representative (Required on all pages) <i>Kathy Yanner</i>	Date <i>9/17/18</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>9/18/18</u> (Date)	Plan of correction implementation status as of <u>9/18/18</u> : (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented – Adequate Progress <i>g</i> <input type="checkbox"/> Partially Implemented – Inadequate Progress Not Implemented

Regulation 2800.93(a) - Each ramp, interior stairway, hallway and outside steps must have a well-secured handrail.

Violation

The ground level emergency evacuation from the rear stairwell to the exterior back of the home has a 4-inch step down from the landing to the asphalt walkway. There is no handrail for this step.

Plan of Correction

Our Environmental Service Manager (Maintenance Director) had utilized asphalt to construct a ramp eliminating the 4" step making it a more level platform to ensure ease of access. Our ESM had also installed a durable right-sided metal railing for support when using the exit route. We have developed an audit tool to be used monthly to ensure the ramp and railing are withstanding weather conditions while remaining unimpaired

Printed Name and Title of Legal Entity Representative (Required on all pages)	
Kathy Yahnner Regional Director	
Signature of Legal Entity Representative (Required on all pages)	Date
Kathy Yahnner	9/17/18
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Regulation 2800.133(a)(2) - If the residence serves nine or more residents, access to exits shall be marked with readily visible signs indicating the direction to travel.

Violation

The 2 illuminated emergency exit signs in the second floor memory care hall near the activity space for baking do not indicate the direction to travel. Also, there were no exit signs in the second floor theater room of personal care.

Plan of Correction

The directional arrows on the second floor MC (memory care) exit sign are now lit and in accordance to the exit routes. We have included pictures to illustrate the illuminated directional arrows. We also have included monthly audits as a cross check system to ensure they remain correct

Printed Name and Title of Legal Entity Representative (Required on all pages)

Kathy Yahner Regional Director

Signature of Legal Entity Representative (Required on all pages)

Kathy Yahner

Date

9/17/18

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The above plan of correction is approved as of 9/18/18
(Date)

Plan of correction implementation status as of 9/18/18 :
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *g*

Partially Implemented - Inadequate Progress
Not Implemented

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