



September 9, 2019

Mr. Sam Zytman  
Chief Operations Officer  
Community Healthcare PC Operator, Inc.  
2<sup>nd</sup> and 3<sup>rd</sup> Floors  
277 Hoffman Avenue  
Windber, PA 15963

RE: Windber Woods Senior Living and  
Rehabilitation Center  
Certificate #: 333880

Dear Mr. Zytman:

As a result of the Department's Bureau of Human Services Licensing's annual licensing inspection on July 31, 2019 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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, appearing to read "Kevin Hancock", is written over a light blue horizontal line.

Kevin Hancock  
Deputy Secretary  
Office of Long-term Living

Enclosure  
Violation Report

# Violation Report

## Facility Information

Name: WINDBER WOODS SENIOR LIVING & REHABILITATION CENTER

License Number: 33388

Address: 277 HOFFMAN AVENUE, 2ND & 3RD FLOORS, WINDBER, PA 15963

County: SOMERSET

Region: CENTRAL

## Administrator

Name: Alicia Kline

Phone: 8144675505

Email:

## Legal Entity

Name: COMMUNITY HEALTHCARE PC OPERATOR INC

Address: 277 HOFFMAN AVENUE, WINDBER, PA, 15963

## Certificate(s) of Occupancy

Type: Other

Date: 01/13/1999

Issued By: Labor & Industry

## Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 36

Waking Staff: 27

## Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

## Inspection Dates and Department Representative

7/31/2019 - On-Site: Jason McCloskey, Michael Showers

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: 60

Residents Served: 28

### Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

### Hospice

Current Residents: 1

### Number of Residents Who:

Receive Supplemental Security Income: 1

Are 60 Years of Age or Older: 28

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 8

Have Physical Disability: 0

25b - Contract Signatures

Regulations

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The contract for Resident 1, admitted 1/25/19, was not signed by the resident.

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.)

Please see attachment pg. 2A

Legal Entity Representative

*Alicia M. Kline*  
Signature

*Alicia M. Kline RN Admin 8/14/19*  
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 8/15/2019 Plan of correction implementation status as of 8/15/2019  
(Date) (Date)

The above plan of correction was approved by BAS  Fully Implemented  
(Initials)  Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

Plan of Corrections Licensing Inspection July 31, 2019

2600.25. Resident-home contract.

(b) The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees. (The contract for Resident 1, admitted 1/25/19, was not signed by the resident.)

- Resident 1 contract was reviewed with resident, signed and dated for 7/31/19. Co-signed by administrator as well.
- Completed audit of all resident charts to ensure resident signed his/her own contract. Corrections were applied as required.
- Education provided to Admission's Director for regulation 2600.25 (see attached).
- All contracts for new admits will be reviewed by administrator for completion to ensure all documents are signed by the resident when appropriate. Administrator will complete Admission paperwork whenever possible.

*Alicia McKline RN*

*Alicia Kline RN Administrator*  
*8/14/19*

41e - Signed Statement

Regulations

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident 1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

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.)

Please see attached pg. 3A

and Personal Care Attached Home Contract.

Legal Entity Representative

  
Signature

Alicia M. Kline RN/Admin. 8/14/19  
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 8/15/2019 Plan of correction implementation status as of 8/15/2019  
(Date) (Date)

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

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

Plan of Corrections Licensing Inspection July 31, 2019

2600.41. Notification of rights and complaint procedures.

(e) A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

- Complete audit of all current residents' contracts to ensure resident's signature was obtained to ensure the home did educate all residents on Resident Rights and the Complaint Procedures.
- Education with Admissions Director on regulation 2600.41 (see attached).
- Personal Care Administrator will review all new contracts to ensure that the home educated the resident on Resident Rights and The Complaint Procedures. Administrator will complete new admit contracts and paperwork with new residents whenever possible.
- Contract has been updated to include a signature page for regulation 2600.41 (see attached).

*Alicia M. Kline*

Alicia M. Kline RN PC Administrator  
8/14/19

132c - Fire Drill Records

Regulations

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.

Description of Violation

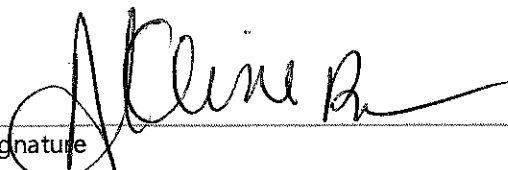
The fire drill records for 7/24/19, 4/19/19, and 2/20/19 included the number of minutes for the evacuation, but do not include the number of seconds that were needed for the evacuation .

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.)

See attached pg. 4A

Legal Entity Representative

  
Signature

Alicia Kline RN Admin. 8/14/19  
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 8/15/2019 Plan of correction implementation status as of 8/15/2019  
(Date) (Date)

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

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

2600.132. Fire drills.

(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.

- Personal Care Home Administrator will complete monthly audits to ensure both minutes and seconds are recorded for each fire drill.
- Education will be provided to Maintenance Director to ensure times are being adequately recorded in accordance with 2600.132.(see attached).
- Education will also be provided to staff on how to fill out ADULT RESIDENTIAL LICENSING – PERSONAL CARE HOME FIRE DRILL RECORD – 55 Pa.Code § 2600.132(c) during Annual Fire Training scheduled for September 2019.
- Compliance with 2600.132 will be reviewed in Monthly Safety meeting and Quality Management Quarterly.



Alicia Kline RN

PC Administrator 8/14/19

252 - Record Content

Regulations

2600.

252. Content of Resident Records - Each resident's record must include the following information:

- 13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.

Description of Violation

The records for Resident 2 and Resident 3 do not include copies of the preadmission screenings.

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.)

Please. See page 5A

Legal Entity Representative

Signature *Alicia M. Kline*

Printed Name and Title *Alicia M. Kline RSR Admin* Date *8/4/19*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 8/15/2019 (Date) Plan of correction implementation status as of 8/15/2019 (Date)

The above plan of correction was approved by BAS (Initials)  Fully Implemented  Partially Implemented - Adequate Progress  Partially Implemented - Inadequate Progress  Not Implemented

Plan of Corrections Licensing Inspection July 31, 2019

2600.252. Content of resident records.

Each resident's record must include the following information:

(13) The preadmission screening, initial intake assessment and the most current version of the annual assessment. (The records for Resident 2 and Resident 3 do not include copies of Preadmission Screenings.)

- Personal Care Home Administrator/Nurse Manager will complete audits of all existing residents to verify for a valid preadmission prescreen. If not available, Administrator will validate resident is appropriate for current Personal Care Home setting.
- Personal Care Home Administrator and Nurse Manager will be educated on 2600.252 (see attached).
- All potential new admissions will have preadmission prescreens done within appropriate time as determined by regulations.
- All new admissions will be audited by Personal Care Home Administrator/Nurse Manager to ensure preadmission prescreens are completed. This audit will be made on the date of admission of a new resident. BAS 8/15/2019

*Alcemia*

*Alicia M. Kline RN*

*PC Administrator*

*8/14/19*