



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SENT VIA EMAIL: [dminton@thewaters.com](mailto:dminton@thewaters.com)  
[licensing@thewaters.com](mailto:licensing@thewaters.com)

MAILING DATE: May 22, 2020

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 #: 449360

Dear Ms. Shell:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on January 29, 2020, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Jody Garvey".

Jody Garvey  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

## Violation Report

### Facility Information

Name: *THE WATERS OF WEXFORD*

License Number: *44936*

Address: *210-212 FOWLER ROAD, WARRENDALE, PA 15086*

County: *ALLEGHENY*

Region: *WESTERN*

### Administrator

Name: *Denise Minton*

Phone: *7247998260*

Email: *LICENSING@THEWATERS.COM*

### Legal Entity

Name: *HSRE-WSL OF WEXFORD VI TRS LLC*

Address: *1600 HOPKINS CROSSROAD, MINNETONKA, MN, 55305*

### Certificate(s) of Occupancy

Type: *I-1*

Date: *05/17/2018*

Issued By: *Marshall Township*

Type: *I-2*

Date: *05/17/2018*

Issued By: *Marshall Township*

### Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *66*

Waking Staff: *50*

### Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Incident*

### Inspection Dates and Department Representative

*01/29/2020 - On-Site: Laurie Garrigan*

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: *143*

Residents Served: *51*

#### Special Care Unit

In Home: *Yes*

Area: *1st, 2nd floor*

Capacity: *29*

Residents Served: *15*

#### Hospice

Current Residents: *3*

#### Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *51*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *15*

Have Physical Disability: *0*



The Waters of Wexford  
210-212 Fowler Road  
Warrendale, PA 15086  
License # 449360

Violation of Regulation PA Code 2800.15.a

Description of Violation:

Resident #1 resides in the houses special care unit (SCU) and has a diagnosis of major cognitive disorder. The resident's assessment dated 3/4/19 indicates she has no problem with aggression and a minimal problem with communicating her needs and understanding instruction. On 1/16/20 at approximately 10:30pm, staff person A entered the residents room and told the resident she was there to help her to the bathroom. Resident #1 was in bed and told staff person A she did not need to use the bathroom because she already went. The staff person moved the residents' feet to the side of the bed and reached for her hands. The resident became upset and told the staff person "you can take me to the bathroom but you cannot make me pee" and "you are not the boss of me just leave", the resident began yelling loudly for help. Staff person A called for additional help over the walkie talkie and continued to attempt to get the resident to go to the bathroom while she waited for additional staff members to assist. Multiple staff interviews indicated the staff could hear the resident yelling for help and when they arrived the resident was visibly upset and stated she felt "manhandled" by the staff person.

The residence failed to report this event to the local Area Agency on Aging until 1/17/20 at 1:00pm

Plan of Correction:

Root Cause of Problem: The staff that were working made the decision since everyone was getting ready to leave for the night, at the end of their shift, they could report to DON in the AM. The Supervisor of Health and Wellbeing was notified in morning shift change report.

Immediate Action to Correct Problem:

Staff was immediately re-educated on 1/20/20 on being a front line reporter, and the need to report any suspected abuse immediately to the DON, Supervisor or Executive Director. On 1/17/20 the supervisor then conducted an internal investigation immediately collecting all the necessary information needed to complete the ACT 13 form and called into Adult Protective Services at 1:00pm, the responsible party and faxed DHS Incident Report.

Plan to Prevent from Happening Again:

On 4/15/20 staff had a mandatory in-serviced on ACT 13/14 Reporting, The ACT 13/14/ Reporting form and how to complete. Resident Rights, Mandatory Abuse Reporting, Designated Person Notification, Front Line Reporting (how as the witness to the abuse they need to be the reporter not the supervisor) and Safe Management Techniques highlighting "Pushing, Hitting, Striking, Yelling or Threatening with words." The telephone number for the Elder Abuse Hotline has been added to the back of each staff person's name badge for easy access. Going forward all new hires will receive the same education as part of their orientation.

Ongoing Monitoring:

Beginning on May 11, 2020 the administrator or designee shall audit all new hire records by the end of Second (Relias Training day One and two) day of work, to ensure orientation training in Elder Abuse, safe management techniques. This will be reviewed again at the Quarterly QA Meeting by the team. Incident reports will also be reviewed for accuracy.

There will be 5 residents a month interviewed by the Administrator or designee beginning May 8, 2020 reviewing residents on how they are being treated, is care being provided or are they feeling threatened in any manner. This will also be done for 2 staff members month.

Signature Denise Minton

Print Name and Title DENISE MINTON  
Acting Administrator

Date 5-7-20

15b Resident abuse-superv plan

Requirements

2800.

15.b. If there is an allegation of abuse of a resident involving a residence's staff person, the residence shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.


Description of Violation

Resident #1 resides in the home's SCU and has a diagnosis of major cognitive disorder. The resident's assessment, dated 3/4/19, indicates that she has no problem with aggression and a minimal problem with communicating her needs and understanding instructions. On 1/16/20 at approximately 10:30 p.m., staff person A entered the resident's room and told the resident she was there to help her to the bathroom. Resident #1 was in bed and told staff person A she did not need to use the bathroom because she already went. The staff person moved the resident's feet to the side of the bed and reached for her hands. The resident became upset and told the staff person "you can take me to the bathroom but you cannot make me pee" and "you are not the boss of me just leave," the resident also began yelling loudly for help. Staff person A called for additional staff over the walkie talkie and continued to attempt to get the resident to go to the bathroom while she waited for additional staff members to assist. Multiple staff interviews indicated that staff could hear the resident yelling for help and when they arrived the resident was visibly upset and stated that she felt "manhandled" by the staff person.


The home reported the event to the Department on 1/17/20 and suspended staff person A; however, on 1/27/20 from 11:00 p.m.-7:00 a.m., 1/28/20 from 3:00 p.m.-11:00 p.m. and 11:00 p.m.-7:00 a.m., and 1/29/20 from 3:00 p.m.-11:00 p.m., the staff person worked unsupervised in the home.

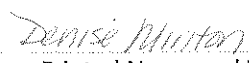
Plan of Correction (POC)

(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 pages 3a of 8 and 3b of 8  5/15/20

Legal Entity Representative


  
Signature

 Acting Administrator 5-7-20  
Printed Name and Title Date

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The above plan of correction is approved as of 5/15/20  
(Date)

Plan of correction implementation status as of 5/15/20  
(Date)

The above plan of correction was approved by   
(Initials)

Implemented  
 Not Implemented

The Waters of Wexford  
210-212 Fowler Road  
Warrendale, PA 15086  
License # 449360

Violation of Regulation PA Code 2800.15.b

Description of Violation:

Resident #1 resides in the houses special care unit (SCU) and has a diagnosis of major cognitive disorder. The resident's assessment dated 3/4/19 indicates she has no problem with aggression and a minimal problem with communicating her needs and understanding instruction. On 1/16/20 at approximately 10:30pm, staff person A entered the residents room and told the resident she was there to help her to the bathroom. Resident #1 was in bed and told staff person A she did not need to use the bathroom because she already went. The staff person moved the residents' feet to the side of the bed and reached for her hands. The resident became upset and told the staff person "you can take me to the bathroom but you cannot make me pee" and "you are not the boss of me just leave", the resident began yelling loudly for help. Staff person A called for additional help over the walkie talkie and continued to attempt to get the resident to go to the bathroom while she waited for additional staff members to assist. Multiple staff interviews indicated the staff could hear the resident yelling for help and when they arrived the resident was visibly upset and stated she felt "manhandled" by the staff person.

The home reported the event onto the Department on 1/17/20 and suspended staff person A, however on 1/27/20 from 11pm to 7am, 1/28/20 from 3:00pm – 11:00pm and 11:00pm-7:00am., and 1/29/20 from 3:00pm -11:00pm, the staff person worked unsupervised in the home.

Plan of Correction:

Root Cause of Problem:

The Supervisor immediately suspended staff person A upon her being notified the incident had occurred. Adult Protective Services came in to do their investigation. Staff person A was suspended until the Supervisor and the DON had spoken with adult Protective Services and was told they felt accusation was unsubstantiated, it was at their discretion as to when to bring staff person A back. Neither the supervisor or the DON had spoken with DHS about the suspension or the return to work. They made a

*D. Munton 5/7/20*

decision to have the employee return to work prior to having a discussion with DHS about a plan of supervision.

**Immediate Action to Correct Problem:**

Staff person A was suspended on 1/17/2020

The supervisor and the DON were immediately educated on 1/20/2020 about contacting / being cleared by both Adult Protective Services and DHS about the return of a staff person after a claim of abuse. They have been instructed to call in a staff witnessed abuse immediately accompanied by the Incident Report immediately, indicating on the report who the verbal report was given to. All new hires will receive the same education as part of their orientation. Documentation will be kept.

**Plan to Prevent from Happening Again:**

On 4/15/2020 all management staff has been educated on Adult Protective Services and DHS Mandatory Reporting timelines, Safe Management Techniques, when a Direct Care Worker plan of supervision (suspension) is needed and the need for both Adult Protective Services and DHS to approve return to work status.

**Ongoing Monitoring:**

Beginning on May 11,2020 those responsible for returning staff from suspension will be educated (a education sign-in sheet will be completed) on the need to have consent of both Adult Protective Services and DHS prior to anyone being replaced on the schedule. This will be reviewed in the quarterly QA meeting to ensure ongoing compliance.

Signature Denise Minton

Print Name and Title Denise Minton  
Acting Administrator

Date 5-7-20

15d Resident abuse notification

Requirements

2800.

15.d. The residence shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

Description of Violation

Resident #1 resides in the home's SCU and has a diagnosis of major cognitive disorder. The resident's assessment, dated 3/4/19, indicates that she has no problem with aggression and a minimal problem with communicating her needs and understanding instructions. On 1/16/20 at approximately 10:30 p.m., staff person A entered the resident's room and told the resident she was there to help her to the bathroom. Resident #1 was in bed and told staff person A she did not need to use the bathroom because she already went. The staff person moved the resident's feet to the side of the bed and reached for her hands. The resident became upset and told the staff person "you can take me to the bathroom but you cannot make me pee" and "you are not the boss of me just leave," the resident also began yelling loudly for help. Staff person A called for additional staff over the walkie talkie and continued to attempt to get the resident to go to the bathroom while she waited for additional staff members to assist. Multiple staff interviews indicated that staff could hear the resident yelling for help and when they arrived the resident was visibly upset and stated that she felt "manhandled" by the staff person.

The residence failed to notify the resident's designated person about the event until 1/17/20.

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 pages 4a of 8 and 4b of 8



5/15/20

Legal Entity Representative



Signature

Denise Minton Acting Administrator 5-7-20

Printed Name and Title

Date

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5/15/20  
(Date)

Plan of correction implementation status as of

5/15/20  
(Date)

The above plan of correction was approved by



(Initials)

Implemented  
 Not Implemented

The Waters of Wexford  
210-212 Fowler Road  
Warrendale, PA 15086  
License # 449360

Violation of Regulation PA Code 2800.15d

Description of Violation:

Resident #1 resides in the houses special care unit (SCU) and has a diagnosis of major cognitive disorder. The resident's assessment dated 3/4/19 indicates she has no problem with aggression and a minimal problem with communicating her needs and understanding instruction. On 1/16/20 at approximately 10:30pm, staff person A entered the residents room and told the resident she was there to help her to the bathroom. Resident #1 was in bed and told staff person A she did not need to use the bathroom because she already went. The staff person moved the residents' feet to the side of the bed and reached for her hands. The resident became upset and told the staff person "you can take me to the bathroom but you cannot make me pee" and "you are not the boss of me just leave", the resident began yelling loudly for help. Staff person A called for additional help over the walkie talkie and continued to attempt to get the resident to go to the bathroom while she waited for additional staff members to assist. Multiple staff interviews indicated the staff could hear the resident yelling for help and when they arrived the resident was visibly upset and stated she felt "manhandled" by the staff person.

The residence failed to notify resident's the designated person about the event until 1/17/20.

Plan of Correction:

Root Cause of Problem: Family was notified after report was made to Protective services. This was after the supervisor and the DON did their internal investigation.

Immediate Action to Correct Problem:

Staff was immediately re-educated on 1/20/20 on being a front line reporter, and the need to report any suspected abuse immediately to the DON, Supervisor or Executive Director. On 1/17/20 the supervisor then conducted an internal investigation immediately collecting all the necessary information needed to complete the ACT 13 form and called into Adult Protective Services at 1:00pm, the responsible party and faxed DHS Incident Report.

*Amintor*  
3/7/20

Plan to Prevent from Happening Again:

On 4/15/20 staff had a mandatory in-serviced on ACT 13/14 Reporting, The ACT 13/14/ Reporting form and how to complete. Resident Rights, Mandatory Abuse Reporting, Designated Person Notification, Front Line Reporting (how as the witness to the abuse they need to be the reporter not the supervisor) and Safe Management Techniques highlighting "Pushing, Hitting, Striking, Yelling or Threatening with words." The telephone number for the Elder Abuse Hotline has been added to the back of each staff person's name badge for easy access. Going forward all new hires will receive the same education as part of their orientation. Going forward all new hires will receive the same education as part of their orientation. Starting May 7,2020 anytime a report is sent to Adult Protective Services and DHS it will be reviewed by the Administrator or designee for completion of all required information. A policy in the reporting process has been developed and will be in serviced at the May 11, 2020 QA meeting. Documentation of the plan education will be kept.

Policy has been updated to include reporting guidelines.

The DON , Administrator and Supervisor have all been registered for the Temple University Abuse Investigations HYBRID class on June 2,2020.

Ongoing Monitoring:

Beginning on May 11, 2020 the administrator or designee shall audit all new hire records by the end of Second (Relias Training Day One and two) day of work, to ensure orientation training in Elder Abuse, safe management techniques. This will be reviewed again at the Quarterly QA Meeting by the team. Incident reports will also be reviewed for accuracy.

On 4/15/2020 all management staff was educated on Adult Protective Services and DHS Mandatory Reporting timelines, Assisted Living Resident Rights ,Safe Management Techniques, Immediate notification of Family /POA upon being made ware of allegation. This will be reviewed as part of the quarterly QA meetings.

Signature *Denise Minter*

Print Name and Title *DENISE Minter*  
*Admin Administrator*

Date *5-7-20*

42c Dignity/Respect

Requirements

2800.


42.c. A resident shall be treated with dignity and respect.

Description of Violation

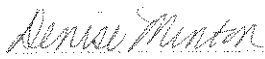
Resident #1 resides in the home's SCU and has a diagnosis of major cognitive disorder. The resident's assessment, dated 3/4/19, indicates that she has no problem with aggression and a minimal problem with communicating her needs and understanding instructions. On 1/16/20 at approximately 10:30 p.m., staff person A entered the resident's room and told the resident she was there to help her to the bathroom. Resident #1 was in bed and told staff person A she did not need to use the bathroom because she already went. The staff person moved the resident's feet to the side of the bed and reached for her hands. The resident became upset and told the staff person "you can take me to the bathroom but you cannot make me pee" and "you are not the boss of me just leave," the resident also began yelling loudly for help. Staff person A called for additional staff over the walkie talkie and continued to attempt to get the resident to go to the bathroom while she waited for additional staff members to assist. Multiple staff interviews indicated that staff could hear the resident yelling for help and when they arrived the resident was visibly upset and stated that she felt "manhandled" by the staff person.

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 pages 5a of 8 and 5b of 8  5/15/20

Legal Entity Representative

  
Signature


Denise Minton Acting Administrator  
Printed Name and Title

5-7-20  
Date

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The above plan of correction is approved as of 5/15/20  
(Date)

Plan of correction implementation status as of 5/15/20  
(Date)

The above plan of correction was approved by   
(Initials)

Implemented  
 Not Implemented

The Waters of Wexford  
210-212 Fowler Road  
Warrendale, PA 15086  
License # 449360

Violation of Regulation PA Code 2800.42.c

Description of Violation:

Resident #1 resides in the houses special care unit (SCU) and has a diagnosis of major cognitive disorder. The resident's assessment dated 3/4/19 indicates she has no problem with aggression and a minimal problem with communicating her needs and understanding instruction. On 1/16/20 at approximately 10:30pm, staff person A entered the resident's room and told the resident she was there to help her to the bathroom. Resident #1 was in bed and told staff person A she did not need to use the bathroom because she already went. The staff person moved the residents' feet to the side of the bed and reached for her hands. The resident became upset and told the staff person "you can take me to the bathroom but you cannot make me pee" and "you are not the boss of me just leave", the resident began yelling loudly for help. Staff person A called for additional help over the walkie talkie and continued to attempt to get the resident to go to the bathroom while she waited for additional staff members to assist. Multiple staff interviews indicated the staff could handle the resident yelling for help and when they arrived the resident was visibly upset and stated she felt "manhandled" by the staff person.

Plan of Correction:

Root Cause of Problem: Root Cause of Problem: The staff that were working made the decision since everyone was getting ready to leave for the night, at the end of their shift, they could report to DON in the AM. The Supervisor of Health and Wellbeing was notified in morning shift change report.

Immediate Action to Correct Problem:

Staff was immediately re-educated on 1/20/20 on being a front line reporter, and the need to report any suspected abuse immediately to the DON, Supervisor or Executive Director. On 1/17/20 the supervisor

*Denise Munton 5/1/20*

then conducted an internal investigation immediately collecting all the necessary information needed to complete the ACT 13 form and called into Adult Protective Services at 1:00pm, the responsible party and faxed DHS Incident Report.

Plan to Prevent from Happening Again:

On 4/15/20 staff had a mandatory in-serviced on ACT 13/14 Reporting, The ACT 13/14/ Reporting form and how to complete. Resident Rights, Mandatory Abuse Reporting, Designated Person Notification, Front Line Reporting (how as the witness to the abuse they need to be the reporter not the supervisor) and Safe Management Techniques highlighting "Pushing, Hitting, Striking, Yelling or Threatening with words." The telephone number for the Elder Abuse Hotline has been added to the back of each staff person's name badge for easy access. Going forward all new hires will receive the same education as part of their orientation. Starting May 7, 2020 anytime a report is sent to Adult Protective Services and DHS it will be reviewed by the Administrator or designee for completion of all required information. A policy in the reporting process has been developed and will be in serviced at the May 11, 2020 QA meeting. Documentation of the plan education will be kept.

Ongoing Monitoring:

Beginning on May 11, 2020 the administrator or designee shall audit all new hire records by the end of Second (Relias Training Day One and two) day of work, to ensure orientation training in Elder Abuse, safe management techniques. This will be reviewed again at the Quarterly QA Meeting by the team. Incident reports will also be reviewed for accuracy.

On 4/15/2020 all management staff was educated on Adult Protective Services and DHS Mandatory Reporting timelines, Assisted Living Resident Rights ,Safe Management Techniques, Immediate notification of Family /POA upon being made ware of allegation. This will be reviewed as part of the quarterly QA meetings.

Signature Denise Minton

Print Name and Title DENISE Minton  
Acting Administrator

Date 5-7-20

54a Direct care staff quals

Requirements

2800.

54.a. Direct care staff persons shall have the following qualifications:


- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation


Direct care staff person A, hired 12/4/19 , did not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

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 pages 6a of 8 and 6b of 8  5/15/20

Legal Entity Representative


  
Signature

Denise Minton Acting Administrator 5-7-20  
Printed Name and Title Date

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(Date)

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(Initials)

- Implemented
- Not Implemented

The Waters of Wexford  
210-212 Fowler Road  
Warrendale, PA 15086  
License # 449360

Violation of Regulation PA Code 2800.54.A

Description of Violation:

Direct care staff person A, hired 12/4/19, did not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Staff person A is no longer employed by The Waters of Wexford.

Plan of Correction:

Root Cause of Problem:

Upon hire the company uses MRA (The Management Association INC.) for educational verification. They did not require the physical copy of the high school diploma, GED, or copy of Active Nurses Registry (CNA) license. They did not apply for a waiver to use this service. The waiver has been applied for and a copy of high school diploma, GED, or Nurse Registry License is copied and placed in employee personnel file.

Immediate Action to Correct Problem:

AS of 5/7/2020 home will no longer use MRA Verification for educational requirement.

Any direct care new hire will need to supply a copy of high school diploma, GED, or Nurse Registry License and placed in employee personnel file.

Plan to Prevent from Happening Again:

No Direct care staff can work unsupervised until they have supplied a copy of high school diploma, GED, or Nurse Registry License. This will be monitored by the Business office manager and the Executive Director on a monthly basis for all new hires.

Ongoing Monitoring

Beginning May 11, 2020 all new hire files will be reviewed at the quarterly QA meeting. Documentation will be kept on file.

*Renise Minton*  
5/7/20

Signature Denise Minton

Print Name and Title DENISE Minton  
Acting Administrator

Date 6-7-20

231d No objection statement

Requirements

2800.


231.d. Resident admission to special care unit. Each resident record must have documentation that the resident or potential resident and, when appropriate, the resident's designated person or the resident's family have agreed to the resident's admission or transfer to the special care unit.

Description of Violation

Resident #1 was admitted to the SCU on 2/11/19; however, the resident's record does not include documentation that the resident and the resident's designated person or the resident's family have agreed to the resident's admission to the special care unit.

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 pages 7a of 8 and 7b of 8  5/15/20

Legal Entity Representative

  
Signature


Denise Minton Acting Administrator 5-7-20  
Printed Name and Title

Date

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(Date)

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(Initials)

Implemented  
 Not Implemented

The Waters of Wexford  
210-212 Fowler Road  
Warrendale, PA 15086  
License # 449360

Violation of Regulation PA Code 2800.231.d.

Description of Violation:

Resident #1 was admitted to the SCU on 2/11/19; however, the residents record does not include documentation that the resident and the residents designated person or the resident's family have agreed to the resident admission to the special care unit.

Plan of Correction:

Root Cause of Problem: This was cited in the December 5,2019 violation report. There was a plan of correction developed and approved by DHS on January 29,2020. Staff had just completed signatures for the special care unit

Immediate Action to Correct Problem:

Attached is the Service Plan developed for each resident. Please see attached document for Resident #1. All residents admitted since December 5, 2019 has signed the service plan with the statement " I am aware I am residing in a locked special care unit ." Audits have been conducted in compliance with the January plan of Correction and those that did not sign a statement have been educated and have signed one and these will be monitored on an ongoing basis.

Plan to Prevent from Happening Again:

All admission paperwork will be reviewed by the administrator or designee on a bi monthly basis for the next 3 months and on a monthly basis for the following 3 months and then ongoing at the quarterly QA meetings. Staff involved in the admission process were educated on 1/8/20 as to the need to check the line when meeting with a resident/family/POA upon admission. Starting 5/11/20 these will be reviewed at quarterly QA meetings.

*Duninton 5/7/20*

Ongoing Monitoring:

Starting May 11,2020 all admission paperwork will be reviewed by the administrator or designee on a bi weekly basis for completeness. This will also be reviewed by the QA committee at the quarterly starting in May 2020.

Signature Denise Minton

Print Name and Title DENISE Minton  
Acting Administrator

Date 5/7/20

234a Admission – support plan

Requirements

2800.

234.a.1. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the special care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident #1 was admitted to the SCU on 2/11/19; however, the resident's initial support plan was completed on 3/4/19.

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 pages 8a of 8 and 8b of 8

*[Signature]* 5/15/20

Legal Entity Representative

*Denise Minton*

Signature

*Denise Minton Acting Administrator 6/7/20*

Printed Name and Title

Date

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5/15/20  
(Date)

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5/15/20  
(Date)

The above plan of correction was approved by

*[Signature]*  
(Initials)

Implemented  
 Not Implemented

The Waters of Wexford  
210-212 Fowler Road  
Warrendale, PA 15086  
License # 449360

Violation of Regulation PA Code 2800.234.A.1

Description of Violation:

Resident #1 was admitted to the SCU on 2/11/19; however, the residents initial support plan was completed on 3/4/19.

Plan of Correction:

Root Cause of Problem: The Waters of Wexford had an influx of admissions at one time and the DON/Supervisor were having difficulty completing in a timely manner. This was cited in the December 5<sup>th</sup> violation report and the audit process was begun immediately. The Audit was approved by DHS on January 29,2020.

Immediate Action to Correct Problem:

In accordance with the January, 29,2020 approved POC there are resident chart audits being completed on a monthly basis. All ASP that are coming due are being done in a timely manner and are falling within state guild lines.

Plan to Prevent from Happening Again:

All admission paperwork will be reviewed by the administrator or designee on a bi monthly basis for the next 3 months and on a monthly basis for the following 3 months and then ongoing at the quarterly QA meetings. Staff involved in the admission process were educated on 1/8/20 as to the need to check the line when meeting with a resident/family/POA upon admission. Starting 5/11/20 these will be reviewed at quarterly QA meetings.

Ongoing Maintenance:

Documentation of ongoing chart audits and quarterly QA meetings will be kept. Starting May 11,2020 these documents will be reviewed at the quarterly QA meeting for completeness.

*Dumont*  
5/11/20

Signature Nemise Minton

Print Name and Title NEMISE Minton  
Acting Administrator

Date 5/7/20