



MAILING DATE: February 5, 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 December 2, 2019 and December 3, 2019, 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 "Jon B. Kimberland". The signature is written in a cursive style.

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information			
Name: <i>THE WATERS OF WEXFORD</i>		License Number: 44936	
Address: 210-212 FOWLER ROAD,, WARRENDALE, PA 15086			
County: ALLEGHENY		Region: WESTERN	
Administrator			
Name: <i>Kathy Yahner</i>		Phone: 7247998260	Email: LICENSING@THEWATERS.COM
Legal Entity			
Name: <i>HSRE-WSL OF WEXFORD VI TRS LLC</i>			
Address: 1600 HOPKINS CROSSROAD, MINNETONKA, MN, 55305			
Certificate(s) of Occupancy			
Type: <i>I-1</i>	Date: 05/17/2018	Issued By: <i>Marshall Township</i>	
Type: <i>I-2</i>	Date: 05/17/2018	Issued By: <i>Marshall Township</i>	
Staffing Hours			
Resident Support Staff: 0	Total Daily Staff: 60	Waking Staff: 45	
Inspection			
Type: <i>Full</i>	BHA Docket #:	Notice: <i>Unannounced</i>	
Reason: <i>Renewal</i>			
Inspection Dates and Department Representative			
<i>12/02/2019 - On-Site: Scott Klein, Laurie Garrigan, Lauren Spagna</i>			
<i>12/03/2019 - On-Site: Scott Klein, Laurie Garrigan</i>			
<i>12/03/2019 - Off-Site: Scott Klein</i>			
Resident Demographic Data as of Inspection Dates			
General Information			
License Capacity: 143		Residents Served: 45	
Special Care Unit			
In Home: Yes	Area: <i>Memory Care</i>	Capacity: 29	Residents Served: 15
Hospice			
Current Residents: 7			
Number of Residents Who:			
Receive Supplemental Security Income: 0		Are 60 Years of Age or Older: 44	
Diagnosed with Mental Illness: 0		Diagnosed with Intellectual Disability: 0	
Have Mobility Need: 15		Have Physical Disability: 0	

3d Post license/VR/Regs

Requirements

2800.

3.d. The assisted living residence shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the assisted living residence.

Description of Violation

The current license inspection summary dated 8/30/18 is behind locked glass doors inside of a cabinet at the main entrance of the special care unit and is inaccessible to residents.

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 Page 2A of 19

Legal Entity Representative

Denise Minton
Signature

DENISE Minton Acting Admin 1/29/2020
Printed Name and Title Date

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

The above plan of correction is approved as of 1/29/2020
(Date)

Plan of correction implementation status as of 1/29/2020
(Date)

The above plan of correction was approved by

EM
(Initials)

Implemented
 Not Implemented

2A

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

Violation of Regulation PA Code 2800.3.d

Description of Violation: The current license inspection summary dated 8/30/2019 is behind locked glass doors inside a cabinet at the main entrance of the special care unit and is inaccessible to residents

Plan of Correction:

Immediately: The license inspection issued by the Department and a copy of this chapter was immediately placed at the time of inspection in a labeled binder at the main concierge's desk area and the Memory Care desk area which are accessible for all residents. The 8/30/2019 one was removed from behind the locked glass doors.

Please refer to the enclosed pictures indicating the labeled binders containing the documents.

Maintenance: To prevent a similar violation from occurring again the Executive Director or designee will be responsible to monitor and maintain via weekly verification checks.

Administrator Signature Denise Munoz Date 1/10/2020

1/29/2020 

25b Contract signatures and renewal

Requirements

2800.

25b. 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 must run month-to-month with automatic renewal unless terminated by the resident with 14 days notice or by the residence with 30 days notice in accordance with § 2800.228 (relating to transfer and discharge).

Description of Violation

The contract for resident #1 dated 8/31/19, is not signed by the resident.

The contract for resident #2 dated 7/25/19, is not signed by the resident.

Resident #1's contract, dated 8/31/19, includes a waiver of notice under section 31 "RESIDENT GIVES UP THE RIGHT TO NOTICE" which states "BY SIGNING THIS LEASE, YOU GIVE UP OR WAIVE ALL NOTICE WHICH YOU ARE ENTITLED UNDER THE LANDLORD AND TENANT ACT OF PENNSYLVANIA" indicating management can evict without notice.

Resident #2's contract, dated 7/25/19, includes a waiver of notice under section 31 "RESIDENT GIVES UP THE RIGHT TO NOTICE" which states "BY SIGNING THIS LEASE, YOU GIVE UP OR WAIVE ALL NOTICE WHICH YOU ARE ENTITLED UNDER THE LANDLORD AND TENANT ACT OF PENNSYLVANIA" indicating management can evict without notice.

Resident #3's contract, dated 12/26/18, includes a waiver of notice under section 31 "RESIDENT GIVES UP THE RIGHT TO NOTICE" which states "BY SIGNING THIS LEASE, YOU GIVE UP OR WAIVE ALL NOTICE WHICH YOU ARE ENTITLED UNDER THE LANDLORD AND TENANT ACT OF PENNSYLVANIA" indicating management can evict without notice.

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 and 3B of 19

3A

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

Violation of Regulation PA Code 2800.25.b

Description of Violation:

The contract for resident #1 dated 8/31/19, is not signed by the resident

The contract for resident #2 dated 7/25/19, is not signed by the resident

Resident #1's contract, dated 8/31/19 Includes a waiver of notice under section 31 "RESIDENT GGIVES UP THE RIGHT TO NOTICE" which states "BY SIGNING THIS LEASE, YOU GIVE UP OR WAIVE ALL NOTICE WHICH YOU ARE ENTITLED TO UNDER THE LANDLORD AND TENANT ACT OF PENNSYLVANIA "indicating management can evict without notice.

Resident #2's contract, dated 8/31/19 Includes a waiver of notice under section 31 "RESIDENT GGIVES UP THE RIGHT TO NOTICE" which states "BY SIGNING THIS LEASE, YOU GIVE UP OR WAIVE ALL NOTICE WHICH YOU ARE ENTITLED TO UNDER THE LANDLORD AND TENANT ACT OF PENNSYLVANIA "indicating management can evict without notice.

Resident #3's contract, dated 8/31/19 Includes a waiver of notice under section 31 "RESIDENT GGIVES UP THE RIGHT TO NOTICE" which states "BY SIGNING THIS LEASE, YOU GIVE UP OR WAIVE ALL NOTICE WHICH YOU ARE ENTITLED TO UNDER THE LANDLORD AND TENANT ACT OF PENNSYLVANIA "indicating management can evict without notice.

Plan of Correction

Steps Taken:


The contract for resident #1 dated 8/30/19 was signed by the resident at the time of this notice of this inspection dated 12/30/19.

The contract for resident #2 dated 7/25/19 was signed by the resident at the time of notice of this inspection dated 12/30/19.

The Lease Agreement has been revised to adhere to PA regulation 2800.25 b.


Residents #1, #2, and # 3 has signed the newly revised Lease Agreement.

Please refer to the enclosed documents including the signatures for residents # 1 and # 2, and the newly revised Lease Agreement.

1/29/2020 

Maintenance: To prevent a similar violation from occurring again the Lease Agreement has been revised to comply with PA Regulation 2800.25b.

Administrator Signature Denise Mentors Date 1-10-2020

1/29/2020 

25b Contract signatures and renewal (continued)

Legal Entity Representative

Denise Minton
Signature

Denise Minton Acting Admin
Printed Name and Title

Date 1-10-2020

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

The above plan of correction is approved as of 1/29/2020
(Date)

Plan of correction implementation status as of 1/29/2020
(Date)

Implemented

Not Implemented

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

25c2 Fee schedule

Requirements

2800.

25.c. At a minimum, the contract must specify the following:

- 2. A fee schedule that lists the actual amount of allowable resident charges for each of the home's available services.

Description of Violation

The contract for resident #1, dated 8/31/19, does not include a fee schedule that lists the actual amount of charges for each of the assisted living services that are included in the resident's core package.

The contract for resident #2, dated 7/25/19, does not include a fee schedule that lists the actual amount of charges for each of the assisted living services that are included in the resident's core package.

The contract for resident #3, dated 12/26/18, does not include a fee schedule that lists the actual amount of charges for each of the assisted living services that are included in the resident's core package.

The contract for resident #4, dated 3/7/19, does not include a fee schedule that lists the actual amount of charges for each of the assisted living services that are included in the resident's core package.

The contract for resident #5, dated 3/5/19, does not include a fee schedule that lists the actual amount of charges for each of the assisted living services that are included in the resident's core package.

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 and 5B of 19

Legal Entity Representative

Denise Minton
Signature

DENISE MINTON
Printed Name and Title

Acting Admin
Date
1-10-2020

5A

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

Violation of PA Regulation Code 2800.25.c

Description of Violation:

A Contract for resident #1, dated 8/31/19 does not include a fee schedule that lists actual amount of charges of each of the assisted living services that are included in the residents are included in the resident's core package.

A Contract for resident #2, dated 8/31/19 does not include a fee schedule that lists actual amount of charges of each of the assisted living services that are included in the residents are included in the resident's core package,

A Contract for resident #3, dated 8/31/19 does not include a fee schedule that lists actual amount of charges of each of the assisted living services that are included in the residents are included in the resident's core package.

A Contract for resident #4, dated 8/31/19 does not include a fee schedule that lists actual amount of charges of each of the assisted living services that are included in the residents are included in the resident's core package.

A Contract for resident #5, dated 8/31/19 does not include a fee schedule that lists actual amount of charges of each of the assisted living services that are included in the residents are included in the resident's core package.

Plan of Correction:

Immediately: A Service Contract indicating the fee schedule that lists the actual amount of charges for each of the assisted living services has been presented to residents #1, #2, #3, #4, and #5 for signature.

Future resident move ins who elect assisted living services will be presented with a Service Contract indicating the fee schedule that lists the actual amount of charges for each of the assisted living services.

Service pricing will be included with the new move in documents and will be noted with signature and placed in the resident file maintained in the business office.

Please refer to the enclosed Service Contract and pricing documents.

1/29/2020



Maintenance: To prevent a similar violation from occurring all new move in's will be presented the pricing information noted with signature from the Senior Living Consultant, and a Service Contract will be presented to each resident requesting assisted living services indicating the fee schedule that lists the actual amount of charges for each assisted living service. This will be reviewed by the administrator or designee on a monthly basis. Documentation to be kept.

Administrator Signature Denise Minton Date 1-10-2020


1/29/2020 

25c2 Fee schedule (continued)

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(Date)

Plan of correction implementation status as of 1/29/2020
(Date)

The above plan of correction was approved by 
(Initials)

- Implemented
- Not Implemented

41e Signed statement

Requirements

2800.

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.)

See Page 7A of 19

Legal Entity Representative

Denise Munton
Signature

Acting Admin Denise Munton
Printed Name and Title

Date *1-10-2020*

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The above plan of correction is approved as of 1/29/2020
(Date)

Plan of correction implementation status as of 1/29/2020
(Date)

Implemented

Not Implemented

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

7A

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

Violation of Regulation PA Code 2800.41.e.

Description of violation:

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

Plan of Correction

Steps Taken:


Resident #1 has signed the Commonwealth of Pennsylvania Assisted Living Resident Rights notice dated 1/2/2020, and it has been placed in the resident file maintained in the business office.

The Senior Living Consultant has been educated regarding Regulation 2800.41.e, and is aware that residents and/or resident representatives acknowledge they have received the information regarding resident rights.

Please refer to the enclosed signed Resident Rights notice.

Maintenance: To prevent a similar violation from occurring all new move ins will be presented the Commonwealth of Pennsylvania Assisted Living Resident Rights notice for signature and will be housed in the resident file maintained in the business office. This will be inspected by the administrator or designee on a monthly basis. Documentation to be kept.

Administrator Signature Denise Menton Date 1-10-2020

1/29/2020 

91 Telephone Numbers

Requirements

2800.

91. Emergency Telephone Numbers - 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.

Description of Violation

There are no telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and assisted living residence complaint hotline posted on or near the telephone in resident living unit #1037.

There are no telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and assisted living residence complaint hotline posted on or near the telephone in resident living unit #3039.

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 Page 8A of 19

Legal Entity Representative

Denise Minton

Signature

Denise Minton

Printed Name and Title

Acting Admin

1-10-2020 Date

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The above plan of correction is approved as of 1/29/2020
(Date)

Plan of correction implementation status as of 1/29/2020
(Date)

Implemented

Not Implemented

The above plan of correction was approved by

EM
(Initials)

8A

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

Violation of Regulation PA Code 2800.91

Description of Violation:

There are no telephone numbers for the nearest hospital, police department, ambulance, poison control, local emergency management and the assisted living complaint hotline posted on or near the phone in resident living unit #1037.

There are no telephone numbers for the nearest hospital, police department, ambulance, poison control, local emergency management and the assisted living complaint hotline posted on or near the phone in resident living unit #1039.

Plan of Correction


Immediately:

Laminated Telephone Emergency Cards were immediately placed at the time of this inspection in resident living unit #1037 and resident living unit #3039 near the resident's phone. The laminated Telephone Emergency Cards include telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and the assisted living complaint hotline.

Please refer to the enclosed Telephone Emergency Phone Number card.

Maintenance: To prevent a similar violation from occurring again additional laminated Telephone Emergency Cards will be posted near phone jacks and on the back of resident apartment main doors to ensure a double system in the event a card gets removed or misplaced. The Environmental Services Manager will monthly audit all areas where phones are placed within the main community living areas and resident apartments. Documentation will be kept.

Administrator Signature Denise Menton Date 1-10-2020

1/29/2020 

103f Fridge/Freezer Temps

Requirements

2800.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 12/2/19 at approximately 10:31 a.m., the home's first-floor special care unit dining area refrigerator temperature measured 42 degrees Fahrenheit. The temperature was rechecked at approximately 11:04 a.m. and measured 42 degrees Fahrenheit.

On 12/2/19 at approximately 11:08 a.m., the home's second floor special care unit dining area refrigerator temperature measured 48 degrees Fahrenheit. On 12/3/19 at approximately 12:06 p.m., representatives of the Department identified that the refrigerator had been removed from the building.

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 Page 9A of 19

Legal Entity Representative

Denise Minton
Signature

Denise Minton Acting Admin
Printed Name and Title

1-10-2020 Date

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

The above plan of correction is approved as of 1/29/2020
(Date)

Plan of correction implementation status as of 1/29/2020
(Date)

The above plan of correction was approved by

EM
(Initials)

Implemented
 Not Implemented

9A

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

Violation of PA Regulation Code 2800.103.f.

Description of Violation:

On 12/2/2019 at approximately 10:31am, the homes first floor special care unit dining room refrigerator temperature measured 42 degrees Fahrenheit. The temperature was rechecked at 11:04a.m. and measured 42 degrees Fahrenheit.

On 12/2/19 at approximately 11:08am, the second floor special care unit dining area refrigerator temperature measured 48 degrees Fahrenheit. On 12/3/19 at approximately 12:06pm, representatives from the Department identified the refrigerator had been removed from the building.

Plan of Correction

Immediately:

Immediately at the time of this inspection both the first floor specialty care unit and the second floor specialty care refrigerators were removed.

The Waters of Wexford has purchased 2 new replacement refrigerators, and have placed them in the first floor and second floor specialty care units.

Please refer to the enclosed invoices indicating the purchase of 2 new refrigerators, and the Refrigerator Temperature monitoring form.

Maintenance:

To prevent a similar violation from occurring The Waters of Wexford will document daily the temperature within the refrigerator to ensure food requiring refrigeration shall be stored at or below 40 degrees Fahrenheit and frozen food stored at or below 0 degrees Fahrenheit. Documentation to be kept.

Administrator Signature Denise Minton Date 1-10-2020

1/29/2020



183b Medications and syringes locked

Requirements

2800.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's living unit.

Description of Violation

On 12/2/19, at approximately 11:34 a.m. a medication card with resident #4's name labeled "30 CLINDAMYCIN HCL 300 MG CAPS, TAKE ONE CAPSULE BY MOUTH EVERY SIX HOURS UNTIL GONE" was unlocked, unattended, and accessible in resident living unit 3029.

On 12/2/19, at approximately 11:34 a.m. an insulin pen with resident #4's name labeled "LANTUS SOLOSTAR 100 UNITS" was unlocked, unattended, and accessible in resident living unit 3029.

On 12/2/19, at approximately 11:34 a.m. an insulin pen with resident #4's name labeled "HUMALOG 100U/ML KWIKPEN" was unlocked, unattended, and accessible in resident living unit 3029.

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 Page 10A of 19

Legal Entity Representative

Denise Minton

Signature

DENISE Minton Acting-Admini-

Printed Name and Title

1-10-2020 Date

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

The above plan of correction is approved as of 1/29/2020
(Date)

Plan of correction Implementation status as of 1/29/2020
(Date)

The above plan of correction was approved by

EM
(Initials)

- Implemented
- Not Implemented

10A

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

Violation of PA Regulation Code 2800.183.b.

Description of Violation:

On 12/2/2019 at approximately 11:34am a medication care with resident #4's name labeled CLINDAMYCIN HCL 300MG CAPS, TAKE ONE EVERY ^ HOURS UNTIL GONE "was unattended, and available in residents living unit 3029.

On 12/2/19 at approximately 11:34am, an insulin pen with resident # 4's name labeled "LANTIS SOLOSTAR 100 UNITS" was unlocked, unattended and accessible in the resident living unit 3029.

ON 12/2/19 at approximately 11:34a.m., an insulin pen with resident #4"s name labeled "Humalog 100U/ML KWIKPEN was unattended, and accessible in resident living unit 3029.

Plan of Correction

Immediately:


Resident # 4 was reeducated on the importance of regulatory compliance and safety of others by double locking her medications. A medication lock box was provided to resident #4 by The Waters of Wexford and locks were placed on a cabinet within the apartment ensuring a double lock system.

Please refer to the enclosed pictures indicating the double lock system for resident # 4.

Maintenance:

To prevent a similar violation from occurring The Waters of Wexford has ordered medication lock boxes to ensure a supply is available for self-mediators' when required or needed.

Administrator Signature Denise Minton Date 1-10-2020

1/29/2020 

184a Labeling

Requirements

2800.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

The pharmacy label for resident #1's IPRAT-albut 0.5-3(2.5) MG/3 ML (Combivent Respimat) indicates "Use one unit via nebulizer four times daily." However, resident #1, is ordered IPRAT-albut 0.5-3(2.5) MG/3 ML (Combivent Respimat) – Inhale one unit dose vial via nebulizer twice daily.

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 Page 11A of 19

Legal Entity Representative

Denise Minton
Signature

DENISE Minton Acting Admin
Printed Name and Title
1-10-2020 Date

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(Date)

Plan of correction implementation status as of 1/29/2020
(Date)

The above plan of correction was approved by *DM*
(initials)

Implemented
 Not Implemented

11A

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

Violation of PA Regulation Code 2800.184.a.

Description of Violation:

The pharmacy label for resident # 1’s IPRAT-albut0.5-3(2.5) MG/3ML (Combivent Respimat) Indicates “Use one unit via nebulizer four times daily.” However, resident #1, is ordered IPRAT-albut 0.5-3(2.5)MG/3ML (Combivent Respimat)- inhale one unit dose vial via nebulizer twice daily.

Plan of Correction

Immediately:

Re-education has been provided to team members regarding a change of direction of a medication. The current process in collaboration with our pharmacy is:

- The pharmacy notifies The Waters of Wexford when a change of direction occurs or vice versa.
- A Waters of Wexford’s Health & Wellbeing team member places a Change of Direction sticker on the label.
- The medication direction change is processed to ensure the EMAR (Electronic Medication Administration Record) correctly stated the medication direction change.
- The Waters of Wexford team member who is administering the medication with the Change of Direction sticker double checks the providers order to verify the correct dosage.
- A new label is sent from the pharmacy upon next refill.

Please refer to the enclosed In-Service Attendance Roster with the topic: Placing a Change of Direction Sticker on a medication label as soon as the order has been changed.

Maintenance:

To prevent a similar violation from occurring the Change of Direction stickers have been placed in the Health & Wellbeing office where orders are processed and in the medication carts for easy access. The medication carts and working offices will periodically be audited to ensure all necessary supplies are accessible.

Administrator Signature Denise Minton Date 1-10-2020

187d Follow prescriber's orders

Requirements

2800.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is ordered Premarin Vaginal Cream-App1 0.625 mg/g (Estrogens, Conjugated) – apply a pea sized amount to urethra twice weekly. However, on 11/4/19 and 11/21/19 the medication was not administered as ordered by the physician.

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 Page 12A of 19

Legal Entity Representative

Denise Minton

Signature

DENISE Minton Acting - Admin

Printed Name and Title

1-10-2020 Date

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(Date)

Plan of correction implementation status as of 1/29/2020
(Date)

The above plan of correction was approved by

CP
(Initials)

- Implemented
- Not Implemented

12A

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

Violation of PA Regulation Code 2800.187.d.

Description of Violation: Resident #1 is ordered Premarin Vaginal Cream-Apppl 0.625 mg/g (Estrogen, Conjugated)-apply a pea size amount to the urethra twice weekly. However, on 11/4/19 and 1/21/19 the medication was not administered as ordered by physician.

Plan of Correction

Immediately:

Re-education has been provided to the Health & Wellbeing team members authorized to administer medication regarding PA Code 2800.187.d with re-education in 3 checks and 6 Rights process for administering medications.

Please refer to the enclosed In-Service Attendance Roster with the topic Administration of Medications, 3 Checks and 5 Rights.

Maintenance:

To prevent a similar violation from occurring team members will periodically be monitored to ensure they are administering medication properly and accordance to regulation and cart audits completed.

Please refer to the enclosed Medication Cart Audit Forms. Documentation to be kept.

Administrator Signature Denise Minton Date 1-10-2020

1/29/2020

191 Resident right to refuse

Requirements

2800.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

There is no documentation that resident #1, admitted on 8/31/19, was educated of the right to question or refuse a medication if the resident believes there may be a medication error.

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 Page 13A of 19

Legal Entity Representative

Denise Minton
Signature

DENISE MINTON
Printed Name and Title

Asst Admin
1-10-2020 Date

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The above plan of correction is approved as of 1/29/2020
(Date)

Plan of correction implementation status as of 1/29/2020
(Date)

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

- Implemented
- Not Implemented

13A

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

Violation of Regulation PA Code 2800.191

Description of Violation: There is no documentation that resident #1, admitted on 8/31/19 was educated of the right to question or refuse a medication if the resident believes there may be a medication error.

Plan of Correction

Immediately:

Verbiage regarding PA Code 2800.191 has been added to the Service Contract for acknowledgement and signature for residents who have elected assisted living services.

The signed Service Contract will be maintained in the hard copy resident medical chart.

Please refer to the enclosed Service Contract.

Maintenance:

To prevent a similar violation from occurring again, the verbiage regarding the regulation is permanently added to the Service Contract without the ability for others to change the verbiage or format. The administrator or designee.

Administrator Signature Denise Menton Date 1-10-2020

1/29/2020 

224a3 15 days after admission

Requirements

2800.

224.a.3. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days after admission if one of the following conditions applies:

Description of Violation

The initial assessment for resident #2, admitted 12/17/18, was not completed until 1/18/19.

The initial assessment for resident #3, admitted 12/27/18, was not completed until 1/26/19.

The initial assessment for resident #4, admitted 3/7/19, was not completed until 4/1/19.

The initial assessment for resident #5, admitted 3/5/19, was not completed until 4/2/19.

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 Page 14A of 19

Legal Entity Representative

Denise Minton
Signature

Denise Minton
Printed Name and Title

1-10-2020
Date

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The above plan of correction is approved as of 1/29/2020
(Date)

Plan of correction implementation status as of 1/29/2020
(Date)

Implemented

Not Implemented

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

224c2 Initial SP-15 days after/adm

Requirements.

2800.

224.c.2. A resident requiring services shall have a written preliminary support plan developed within 15 days after admission if one of the following conditions applies:

Description of Violation

The preliminary support plan for resident #2, admitted 12/17/18, was not completed until 1/18/19.

The preliminary support plan for resident #3, admitted 12/27/18, was not completed until 1/26/19.

The preliminary support plan for resident #4, admitted 3/7/19, was not completed until 4/1/19.

The preliminary support plan for resident #5, admitted 3/5/19, was not completed until 4/2/19.

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 Page 15A of 19

Legal Entity Representative

Denise Minton

Signature

DENISE MINTON

Printed Name and Title

1-10-2020

Date

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The above plan of correction is approved as of 1/29/2020
(Date)

Plan of correction implementation status as of 1/29/2020
(Date)

Implemented

Not Implemented

The above plan of correction was approved by

DM
(Initials)

15A

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

Violation of Regulation PA Code 2800.224.c.

Description of Violation:

The preliminary support plan for resident #2, admitted 12/17/18 was not completed until 1/18/19.
The preliminary support plan for resident #3, admitted 12/27/18 was not completed until 1/26/19.
The preliminary support plan for resident #4, admitted 3/7/19 was not completed until 14/1/19.
The preliminary support plan for resident #5, admitted 3/5/19 was not completed 4/2/19.

Plan of Correction

Immediately:

Re-education has been provided to the team members who are authorized to assist with Assessment and Support Plan regarding timeliness to ensure compliance. An audit was completed on all resident charts to assess document timeliness according to regulation.

Please refer to the enclosed In-Service Attendance Roster with the topic ASP Review/Completion Dates.

Maintenance:

To prevent a similar violation from occurring a monthly audit will be completed by the administrator or designee on all new admissions. Documentation will be kept.

Administrator Signature *Denise Munton* Date *1-10-2020*

1/29/2020 *GF*

227a Final support plan – 30 days

Requirements

2800.

227.a: Each resident requiring services shall have a written final support plan developed and implemented within 30 days after admission to the residence. The final support plan shall be documented on the Department's support plan form.

Description of Violation

The final support plan for resident #2, admitted 12/17/18, was not completed until 1/18/19.

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 Page 16A of 19

Legal Entity Representative

Denise Minton

Signature

DENISE Minton Acting - Admin

Printed Name and Title

1-10-2020

Date

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The above plan of correction is approved as of 1/29/2020
(Date)

Plan of correction implementation status as of 1/29/2020
(Date)

Implemented

Not Implemented

The above plan of correction was approved by

EM
(Initials)

16A

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

Violation of Regulation PA Code 2800.227.a.

Description of Violation:

The final support plan for resident #2, admitted 12/17/18 was not completed until 1/18/19.

Plan of Correction:

Immediately:


Re-education has been provided to the team members who are authorized to assist with Assessment and Support Plan regarding timeliness to ensure compliance including the final support plan. An audit was completed on all resident charts to assess document timeliness according to regulation.

Please refer to the enclosed In-Service Attendance Roster with the topic ASP Review/Completion Dates.

Maintenance:

To prevent a similar violation from occurring a monthly audit will be completed by the administrator or designee on all new admissions. Documentation will be kept.

Administrator Signature *Denise Minter* Date *1-10-2020*

1/29/2020 

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

There is no documentation in resident #1's record that the resident, the resident's designated person, or the resident's family agreed to the resident's admission to the special care unit on 8/31/19.

There is no documentation in resident #3's record that the resident, the resident's designated person, or the resident's family agreed to the resident's transfer to the special care unit on 5/17/19.

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 Page 17A of 19

Legal Entity Representative

Denise Minton

Signature

DENISE MINTON

Printed Name and Title

Acting Admin

1-10-2020 Date

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

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(Date)

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(Date)

The above plan of correction was approved by

EM
(Initials)

- Implemented
- Not Implemented

17A

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

Violation of Regulation PA Code 2800.231.d.

There is no documentation in resident #1 record that the resident, the resident's designated person or the resident's family agreed to the resident's admission to the special care unit on 8/31/19.

There is no documentation in resident #3 record that the resident, the resident's designated person or the resident's family agreed to the residents admission to the special care unit on 5/17/19.

Plan of Correction

Immediately:

The Service Contract currently contains an area for acknowledgement for the resident and/or resident representative to ensure adherence with regulation. A new Service Contract was signed to ensure acknowledgement of the transfer or admission to a special care unit.

Re-education was provided to the Director of Health & Wellbeing.

Maintenance:

To prevent a similar violation from occurring again, the verbiage regarding the regulation is permanently added to the Service Contract without the ability for others to change the verbiage or format.

Administrator Signature *Denise Minton* Date 1-10-2020

/19/2020

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 home's special care unit on 8/31/19. However, resident #1's initial assessment and support plan was completed on 9/21/19.

Resident #3 was admitted to the home's special care unit on 5/17/19. However, resident #3's initial assessment and support plan was completed on 6/10/19.

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 Page 18A of 19

Legal Entity Representative

Denise Minton
Signature

DENISE Minton
Printed Name and Title

Acting Admin
1-10-2020 Date

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(Date)

Plan of correction implementation status as of 1/29/2020
(Date)

The above plan of correction was approved by

CP
(Initials)

Implemented
 Not Implemented

18A

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

Violation of PA Regulation Code 2800.234.a.1.

Description of Violation:

Resident #1 was admitted to the homes special care unit on 8/31/19. However, resident #1's initial assessment and support plan was completed on 9/21/19.

Resident #3 was admitted to the homes special care unit on 5/17/19. However, resident #3's initial assessment and support plan was completed on 6/10/19.

Plan of Correction

Immediately:

Re-education has been provided to the team members who are authorized to assist with Assessment and Support Plan regarding timeliness to ensure compliance including the final support plan. An audit was completed on all resident charts to assess document timeliness according to regulation.

Please refer to the enclosed In-Service Attendance Roster with the topic ASP Review/Completion Dates.

Maintenance:

To prevent a similar violation from occurring a monthly audit will be completed by the administrator or designee on all new admissions. Documentation will be kept.

Administrator Signature *Denise Mentro* Date *1-10-2020*

1/29/2020

234b Support plan - elements

Requirements

2800.

234.b.1. The support plan and if applicable, the rehabilitation plan, must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

The significant change assessment and support plan dated 11/27/19 for resident #1 indicates "Resident #1 was admitted to hospice with a diagnosis of end stage renal disease" and that the resident was admitted to hospice care on 11/23/19. However, the assessment and support plan dated 11/27/19 does not include the service need, plan to meet service need, frequency, or hospice's responsibilities.

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 Page 19A of 19

Legal Entity Representative

Denise Minton

DENISE Minton

1-10-2020

Signature

Printed Name and Title

Date

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(Date)

Plan of correction implementation status as of 1/29/2020
(Date)

Implemented

Not Implemented

The above plan of correction was approved by

DM
(Initials)

19A

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

Violation of PA Regulation Code 2800.234.b.1

Description of Violation:

The significant change of assessment and support plan dated 11/27/19 for resident #1 indicates Resident #1 was admitted to hospice with a diagnosis of "end stage renal disease" And that the resident was admitted to hospice care on 11/23/19. However, the assessment and support plan dated 11/27/19 does not include the service need, plan to meet service need, frequency or hospice responsibilities.

Plan of Correction

Immediately:

A new process has been put into place whereby any hospice plan of care will be attached to the resident ASP rather than in a separate binder. Education of the proper documentation needed to be provided on the assessment and support plan have been conducted.

Please refer to the enclosed In-Service Attendance Roster with the topic ASP Review/Completion Dates.

Maintenance:

To prevent a similar violation from occurring a monthly audit will be completed by the administrator or designee on all new admissions. Documentation will be kept.

Administrator Signature *Denise Munton* Date *1-10-2020*

1/29/2020

