



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HUMAN SERVICES



# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to VALLEY MEDICAL FACILITIES INC

LEGAL ENTITY

To operate THE RESIDENCE AT WILLOW LANE

NAME OF FACILITY OR AGENCY

Located at 30 HECKEL ROAD, MCKEES ROCKS, PA 15136

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 107

(MAXIMUM CAPACITY)

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 17

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

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from July 1, 2020 until July 1, 2021,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **451910**

*Robert E. Robinson*

ISSUING OFFICER

*Jamie J. Buchenauer*

Deputy Secretary

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

HS 628 – 6/20



Emailing Date: September 24, 2020

Mr. Norman F. Mitry  
President/CEO  
Valley Medical Facilities, Inc.  
720 Blackburn Road  
Sewickley, Pennsylvania 15143

RE: The Residence at Willow Lane  
30 Heckel Road  
McKees Rocks, Pennsylvania 15136  
License #: 451910

Dear Mr. Mitry:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on July 10, 2020, of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes) a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

Your NEW license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Jamie L. Buchenauer". The signature is written in a cursive, flowing style.

Jamie L. Buchenauer  
Deputy Secretary  
Office of Long-term Living

Enclosures  
License  
Licensing Inspection Summary

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY**

**Facility Information**

Name: *THE RESIDENCE AT WILLOW LANE* License #: *42991* License Expiration Date: *04/26/2021*  
 Address: *30 HECKEL ROAD, MCKEES ROCKS, PA 15136*  
 County: *ALLEGHENY* Region: *WESTERN*

**Administrator**

Name: *Angela Waddell* Phone: *4123316139* Email: *awaddell@willowsseniorliving.com*

**Legal Entity**

Name: *OHIO VALLEY GENERAL HOSPITAL*  
 Address: *30 HECKEL ROAD, MCKEES ROCKS, PA, 15136*  
 Phone: *724-773-2024* Email: *nmitry@hvhs.org*

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *09/26/1999* Issued By: *L&I*  
 Type: *Other* Date: *04/30/2021* Issued By: *Allegheny Co Health Dept*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *99* Waking Staff: *74*

**Inspection**

Type: *Partial* Notice: *Announced* BHA Docket #:  
 Reason: *Change Legal Entity* Exit Conference Date: *07/10/2020*

**Inspection Dates and Department Representative**

*07/10/2020 - On-Site: Belinda Graziano*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *107* Residents Served: *66*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Pathways* Capacity: *17* Residents Served: *16*

**Hospice**

Current Residents: *9*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *66*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *33* Have Physical Disability: *0*

## Inspections / Reviews

## 07/10/2020 - Partial

Lead Inspector: *Belinda Graziano*Follow-Up Type: *POC Submission*Follow-Up Date: *08/07/2020*

## 7/31/2020 - POC Submission

Lead Reviewer: *Jason Williams*Follow-Up Type: *POC Submission*Follow-Up Date: *08/03/2020*

## 8/4/2020 - POC Submission

Lead Reviewer: *Jason Williams*Follow-Up Type: *Document Submission*Follow-Up Date: *08/07/2020*

## 8/7/2020 - Document Submission

Lead Reviewer: *Jason Williams*

Follow-Up Type:

Follow-Up Date:

## 18 - Compliance With Laws

### 1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

#### Description of Violation

*The Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/2016, requires carbon monoxide alarms to be "installed in close proximity of, but not less than 15 feet from, any fossil fuel device or appliance." There was no carbon monoxide alarm installed near the natural gas fireplaces in the first floor living room or the first floor pub room. There was also no carbon monoxide alarm installed near the three natural gas hot water heaters in the basement.*

#### Plan of Correction

Accept

*This plan of correction is prepared and executed because it is required by the provisions of the state and federal regulations and not because The Residence at Willow Lane agrees with the allegations and citations listed on the statement of deficiencies. The Residence at Willow Lane maintains that the alleged deficiencies do not, individually and collectively, jeopardize the health and safety of the residents, nor are they of such character as to limit our capacity to render adequate care as prescribed by regulation. This plan of correction shall operate as The Residence at Willow Lane's written credible allegation of compliance.*

*By submitting this plan of correction, The Residence at Willow Lane does not admit to the accuracy of the deficiencies. This plan of correction is not meant to establish any standard of care, contract, obligation, or position, and The Residence at Willow Lane reserves all rights to raise all possible contentions and defenses in any civil or criminal claim, action or proceeding.*

*Carbon monoxide detectors have been placed within 15 feet of the natural gas fireplaces in the first floor living room, first floor pub room, and the water heaters in the basement. All other areas containing fossil fuel appliances were inspected and carbon monoxide detectors were placed with 15 feet of the Heights fireplace and Pathways living room fireplace. The Environmental Services Director will be educated on regulation 2600.18, the facility policy for Carbon Monoxide Detector Alarm, and the Carbon Monoxide Alarms Standard Act. Random audits will be performed on areas containing a fossil fuel device or appliance to ensure that the carbon monoxide detector is present and functioning within 15 feet. This audit will be performed weekly for two weeks and then monthly for two months. Results will be reported to the facility Quality Assurance Committee for further recommendations.*

**Completion Date:** 08/25/2020

#### Document Submission

Implemented

## 85a - Sanitary Conditions

### 1. Requirements

2600.

- 85.a. Sanitary conditions shall be maintained.

#### Description of Violation

*At 9:59 a.m., there was a 5 inch by 1 inch smear of dried feces on the front of the toilet seat, and 2 small streaks of dried feces on the floor in front of the toilet in the shared bathroom of bedroom 109.*

85a - Sanitary Conditions *(continued)***Plan of Correction****Accept**

*This plan of correction is prepared and executed because it is required by the provisions of the state and federal regulations and not because The Residence at Willow Lane agrees with the allegations and citations listed on the statement of deficiencies. The Residence at Willow Lane maintains that the alleged deficiencies do not, individually and collectively, jeopardize the health and safety of the residents, nor are they of such character as to limit our capacity to render adequate care as prescribed by regulation. This plan of correction shall operate as The Residence at Willow Lane's written credible allegation of compliance.*

*By submitting this plan of correction, The Residence at Willow Lane does not admit to the accuracy of the deficiencies. This plan of correction is not meant to establish any standard of care, contract, obligation, or position, and The Residence at Willow Lane reserves all rights to raise all possible contentions and defenses in any civil or criminal claim, action or proceeding.*

*The bathroom for 109 was immediately sanitized and disinfected. All other bathrooms on this unit were inspected and no other bathroom required cleaning. The housekeeping and resident care staff will be educated on 2600.85.a and the importance of maintaining sanitary conditions and observing residents that utilize the bathrooms independently and inspecting the bathroom after use. Random audits will be completed to ensure that bathrooms maintain sanitary conditions. This audit will be completed daily for two weeks, weekly for two months, and monthly for two months. Results will be forwarded to the facility Quality Assurance Committee for further recommendations.*

**Completion Date:** 08/25/2020

**Document Submission****Implemented**

## 89b - Hot Water Temperature

**1. Requirements**

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

**Description of Violation**

*At 10:58 a.m., the hot water temperature at the bathroom sink in bedroom 213 measured 128.0 degrees Fahrenheit.*

## 89b - Hot Water Temperature (continued)

**Plan of Correction****Accept**

*This plan of correction is prepared and executed because it is required by the provisions of the state and federal regulations and not because The Residence at Willow Lane agrees with the allegations and citations listed on the statement of deficiencies. The Residence at Willow Lane maintains that the alleged deficiencies do not, individually and collectively, jeopardize the health and safety of the residents, nor are they of such character as to limit our capacity to render adequate care as prescribed by regulation. This plan of correction shall operate as The Residence at Willow Lane's written credible allegation of compliance.*

*By submitting this plan of correction, The Residence at Willow Lane does not admit to the accuracy of the deficiencies. This plan of correction is not meant to establish any standard of care, contract, obligation, or position, and The Residence at Willow Lane reserves all rights to raise all possible contentions and defenses in any civil or criminal claim, action or proceeding.*

*The water source for room 213's sink was immediately taken out of service. The hot water tank serving resident care areas was lowered by 10 degrees. The water temperature for the bathroom sink for room 213 was tested approximately 30 minutes later and was recorded at 116 degrees. Water temperatures for all other bathroom sinks were tested and observed to be within appropriate range. The Environmental Services Director and maintenance staff have been educated on 2600.89.b, and the facility policy for water temperatures. Random audits were performed for three consecutive days to ensure appropriate water temperatures and all have been within acceptable range. Random audits will be performed daily to ensure appropriate water temperatures within the facility. This audit will be completed daily with results forwarded to the facility Quality Assurance Committee for further recommendations.*

**Completion Date:** 08/25/2020

**Document Submission****Implemented**

## 103f - Refrigerator/Freezer Temps

**1. Requirements**

2600.

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**

*At 10:47 a.m., the temperature in the 2nd floor kitchenette freezer measured 10 degrees Fahrenheit.*

## 103f - Refrigerator/Freezer Temps (continued)

**Plan of Correction****Do Not Accept**

*This plan of correction is prepared and executed because it is required by the provisions of the state and federal regulations and not because The Residence at Willow Lane agrees with the allegations and citations listed on the statement of deficiencies. The Residence at Willow Lane maintains that the alleged deficiencies do not, individually and collectively, jeopardize the health and safety of the residents, nor are they of such character as to limit our capacity to render adequate care as prescribed by regulation. This plan of correction shall operate as The Residence at Willow Lane's written credible allegation of compliance.*

*By submitting this plan of correction, The Residence at Willow Lane does not admit to the accuracy of the deficiencies. This plan of correction is not meant to establish any standard of care, contract, obligation, or position, and The Residence at Willow Lane reserves all rights to raise all possible contentions and defenses in any civil or criminal claim, action or proceeding.*

*Contents of the freezer (one gallon of ice cream) was immediately discarded. The freezer was immediately inspected by the maintenance department and found to be in proper working order. The thermometer was replaced to this freezer and produced a reading of -3 degrees. The thermometers in all other freezers (medication rooms and kitchenettes) were also replaced. The refrigerator readings were all observed within range however freezer temperatures were found out of range. Three standard sized refrigerators and two mini refrigerators have been ordered and will be replaced in the activities room, pathways kitchenette, first floor medication room, and pathways medication room. The freezer units of these refrigerators will not be utilized until the appliances have been replaced and are in proper working order. Education will be provided to the Director of Resident Care Services, Memory Care Coordinator, Activities Director, and Director of Environmental Services regarding 2600.103.f and the importance of maintaining appropriate freezer temperatures. Random audits will be performed on freezer temps to ensure appropriate freezer temperature range. These audits will be completed daily for two weeks, weekly for two months, and monthly for two months. Results will be forwarded to the facility Quality Assurance Committee for further recommendations.*

**Completion Date:** 08/25/2020

103f - Refrigerator/Freezer Temps (*continued*)**Plan of Correction****Accept**

*This plan of correction is prepared and executed because it is required by the provisions of the state and federal regulations and not because The Residence at Willow Lane agrees with the allegations and citations listed on the statement of deficiencies. The Residence at Willow Lane maintains that the alleged deficiencies do not, individually and collectively, jeopardize the health and safety of the residents, nor are they of such character as to limit our capacity to render adequate care as prescribed by regulation. This plan of correction shall operate as The Residence at Willow Lane's written credible allegation of compliance.*

*By submitting this plan of correction, The Residence at Willow Lane does not admit to the accuracy of the deficiencies. This plan of correction is not meant to establish any standard of care, contract, obligation, or position, and The Residence at Willow Lane reserves all rights to raise all possible contentions and defenses in any civil or criminal claim, action or proceeding.*

*Contents of the freezer (one gallon of ice cream) was immediately discarded. The freezer was immediately inspected by the maintenance department and found to be in proper working order. The thermometer was replaced to this freezer and produced a reading of -3 degrees. The thermometers in all other freezers (medication rooms and kitchenettes) were also replaced. The refrigerator readings were all observed within range however freezer temperatures were found out of range. Three standard sized refrigerators and two mini refrigerators have been ordered and will be replaced in the activities room, pathways kitchenette, first floor medication room, and pathways medication room. The freezer units of these refrigerators will not be utilized until the appliances have been replaced and are in proper working order. 6 refrigerators were ordered on 7/16/20. Three small refrigerators were delivered and installed on 7/30/20. One large refrigerator was installed on 7/26/20. Two more large refrigerators are on backorder with an estimated delivery date of 8/22/20. Until that time, freezers in the other refrigerators will be utilized. Education will be provided to the Director of Resident Care Services, Memory Care Coordinator, Activities Director, and Director of Environmental Services regarding 2600.103.f and the importance of maintaining appropriate freezer temperatures. Random audits will be performed on freezer temps to ensure appropriate freezer temperature range. These audits will be completed daily for two weeks, weekly for two months, and monthly for two months. Results will be forwarded to the facility Quality Assurance Committee for further recommendations.*

Completion Date: 08/25/2020

**Document Submission****Implemented**