

Department of Human Services
Bureau of Human Service Licensing

November 12, 2020

NORMAN E. MILTRY, PRESIDENT/CEO
VALLEY MEDICAL FACILITIES INC
720 BLACKBURN ROAD
SEWICKLEY, PA 15143

RE: THE RESIDENCE AT WILLOW LANE
30 HECKEL ROAD
MCKEES ROCKS, PA, 15136
LICENSE/COC#: 45191

Dear Mr. Miltry,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/23/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Jon Kimberland

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *THE RESIDENCE AT WILLOW LANE* License #: *45191* License Expiration Date: *07/01/2021*
 Address: *30 HECKEL ROAD, MCKEES ROCKS, PA 15136*
 County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: *Angela Waddell* Phone: *412-331-1820* Email: *awaddell@willowsseniorliving.com*

Legal Entity

Name: *VALLEY MEDICAL FACILITIES INC*
 Address: *720 BLACKBURN ROAD, SEWICKLEY, PA, 15143*
 Phone: *724-773-2024* Email: *NMITRY@HVHS.ORG*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *09/26/1999* Issued By: *L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *94* Waking Staff: *71*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *10/23/2020*

Inspection Dates and Department Representative

10/23/2020 - On-Site: Karen Georgoulis

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *107* Residents Served: *63*

Secured Dementia Care Unit

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

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *62*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *31* Have Physical Disability: *1*

Inspections / Reviews

10/23/2020 - Partial

Lead Inspector: *Karen Georgoulis* Follow-Up Type: *POC Submission* Follow-Up Date: *11/15/2020*

Inspections / Reviews *(continued)*

11/12/2020 - POC Submission

Lead Reviewer: *Jon Kimberland*Follow-Up Type: *Document Submission*Follow-Up Date: *11/17/2020*

11/12/2020 - Document Submission

Lead Reviewer: *Jon Kimberland*Follow-Up Type: *Not Required*

187b - Date/Time of Medication Admin.**1. Requirements**

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #1 is prescribed the following medication; however, the July 2020 Medication Administration Record (MAR) was not initialed by direct care staff person A, who administered the medications on 7/7/2020, 7/9/2020, 7/10/2020, 7/14/2020, and 7/17/2020 between the hours of 7:00 a.m. to 10:59 a.m., to include:

- *Magnesium Threonate- Take one capsule daily.*
- *Sertraline 50mg tablet- Take one tablet daily*
- *Vitamin B-12 1,000MCG tablet- Take one tablet daily.*
- *Vitamin D3 - 2,000UG capsule- Take one capsule daily.*
- *Wander guard- check placement and function every shift.*
- *Clobetasol Oin 0.05%- Apply topically to affected areas twice daily for skin care.*
- *Ketoconazole Cream 2% - Apply topically to affected areas of body daily.*

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.

Resident was discharged from the facility on 10/23/2020

- *Current Resident medication administration records will be reviewed for the last 24 hours to identify any record that has medication administration documentation omitted.*
- *The shift supervisor will now run a report prior to the end of each shift to indicate any missing documentation related to medication administration.*
- *Medication Technician's and Licensed staff will be educated on medication administration documentation and regulation 187 b.*
- *Audits will be performed on Medication Administration documentation to ensure that the appropriate documentation has been completed with medication administration. This audit will be performed daily for two weeks, weekly for two months, and monthly for two months. Negative results will be forwarded to the facility Quality Assurance Committee for review.*

Completion Date: 11/24/2020

Document Submission**Implemented**

Please see attached plan of correction documentation.