

Department of Human Services
Bureau of Human Service Licensing

April 5, 2021

██████████ SENIOR DIRECTOR
PRESBYTERIAN SENIORCARE
954 REDSTONE ROAD
WASHINGTON, PA 15301

RE: WOODSIDE PLACE OF
WASHINGTON OF PRESBYTERIAN
SENIORCARE
954 REDSTONE ROAD
WASHINGTON, PA, 15301
LICENSE/COC#: 45099

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/15/2021, 03/16/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Janine Wenzig

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing

April 2, 2021

██████████ SENIOR DIRECTOR
PRESBYTERIAN SENIORCARE
954 REDSTONE ROAD
WASHINGTON, PA 15301

RE: WOODSIDE PLACE OF
WASHINGTON OF PRESBYTERIAN
SENIORCARE
954 REDSTONE ROAD
WASHINGTON, PA, 15301
LICENSE/COC#: 45099

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 03/15/2021, 03/16/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,
Janine Wenzig

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: WOODSIDE PLACE OF WASHINGTON OF PRESBYTERIAN SENIORCARE
License #: 45099 **License Expiration Date:** 02/24/2022
Address: 954 REDSTONE ROAD, WASHINGTON, PA 15301
County: WASHINGTON **Region:** WESTERN

Administrator

Name: [REDACTED] **Phone:** 7242235701 **Email:** [REDACTED]

Legal Entity

Name: PRESBYTERIAN SENIORCARE
Address: 954 REDSTONE ROAD, WASHINGTON, PA, 15301
Phone: 7242235701 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I-2 **Date:** 12/12/2019 **Issued By:** South Strabane Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 70 **Working Staff:** 53

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Monitoring **Exit Conference Date:** 03/16/2021

Inspection Dates and Department Representative

03/15/2021 - On-Site: [REDACTED]
 03/16/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 36 **Residents Served:** 35

Special Care Unit

In Home: Yes **Area:** Entire Residence **Capacity:** 36 **Residents Served:** 35

Hospice

Current Resident: 5

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 35
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 35 **Have Physical Disability:** 0

Inspections / Reviews

03/15/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*

Follow-Up Date: *04/04/2021*

4/2/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *04/05/2021*

4/5/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

65a Fire Safety-1st day

1. Requirements

2800.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Ancillary staff person A, hired [REDACTED] did not receiving training on the topics required under § 2800.65(a) until 2/23/2021.

Plan of Correction

Accept

Fires safety expert designee and Administrator reviewed the regulation on 3/17/21. Fire safety expert designee will orient all new team members and volunteers (or existing team members or volunteers that may be new to this building) in general fire safety and emergency preparedness prior to or during their 1st day of work. The Administrator will record orientation at time of completion on Orientation Training Documentation Form. This will start with next new hire or volunteer.

Completion Date: 04/02/2021

Document Submission

Implemented

Please refer to plan of correction.

82c Locked poisons

1. Requirements

2800.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the residence are able to safely use or avoid poisonous materials.

Description of Violation

On 3/15/2021, at approximately 10:25a.m., there was a bottle of Provon Shampoo and Body Wash with a manufacturer's label indicating, "if ingested, contact a physician or poison control," in the common restroom near the upper level dining area.

On 3/15/2021, at approximately 10:40a.m., there was a tube of Dermaseptin cream with a manufacturer's label indicating, "if ingested, contact a physician or poison control," in resident #1's bathroom.

Not all residents of the residence, to include resident #1, have been assessed as capable of recognizing and using poisons safely.

82c Locked poisons (continued)

Plan of Correction

Accept

Shampoo and lotion was removed and complete inspection of neighborhood was done immediately. Administrator to re educate all team members on definition and recognition of poisonous materials and importance of keeping them in a locked and secured area by 4/16/21. Monthly inspections of resident areas will be checked for hazardous/poisonous materials by night time Nurse Supervisor. Supported documentation which will include sign in sheet and monthly check list will be sent to department on or before 4/17/21.

Completion Date: 04/02/2021

Document Submission

Implemented

Please refer to plan of correction.

183f Discontinued medications

1. Requirements

2800.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the residence shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the residence, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the residence.

Description of Violation

There was a blister pack of Rosuvastatin 10mg for resident #1 on the medication cart; however, this medication was discontinued on 1/15/2021.

There was a bottle of Fluoromethol 0.1% for resident #2, with an open date of 8/7/2020, in the medication cart. The manufacturer's instructions for this medication indicate "discard unused portion after 4-weeks."

There was a bottle of Benzonatate 100mg for resident #2 in the medication cart; however, this medication bore an expiration date of 1/17/2021 and the medication was discontinued on 3/8/2021.

Plan of Correction

Accept

Discontinued or expired medications were destroyed in a safe and proper manner on 3/17/21 by the Resident Care Coordinator. Resident Care Coordinator to re educate team on proper disposal of expired or discontinued medications by 4/16/21.

Cart to MAR audits will commence this month to be continued monthly thereafter by Night Nursing Supervisor to ensure that this does not happen again. Medication Cart Audit Tool is attached and sign in sheet of education will be sent to department by 4/17/21.

Completion Date: 04/02/2021

Document Submission

Implemented

Documentation is attached.

184a Labeling

1. Requirements

2800.

184a Labeling (continued)

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

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident #1 is ordered Hydrocodone/APAP 5/325mg, take 1 every 6 hours as needed for pain; however, the prescription label for this medication indicated, "take 1 every 4 hours as needed for pain."

Resident #2 is ordered Tussin Chest Congestion 100mg/5ml, take 10ml every 4 hours for cough while awake; however, the prescription label for this medication indicated, "take 10ml every 4 hours around the clock."

Resident #3 is ordered Tramadol 50mg, take 1 twice a day as needed for pain; however, the prescription label for this medication indicated, "take 1 every 6 hours as needed for pain."

Plan of Correction

Accept

The pharmacy has been contacted by the resident care coordinator and the prescription labels have been corrected to match the physician order on 3/18/21. 10% of the medication record will be audited monthly by Night Nurse Supervisor to be certain that the physician order matches the prescription label. Medication Cart Audit Tool is attached.

Completion Date: 04/02/2021

Document Submission

Implemented

documentation is attached.

227a Final support plan – 30 days

1. 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 support plan for resident #1, dated 10/22/2020, does not indicate the type and frequency of services hospice provides. Resident #1 began receiving hospice services on [REDACTED]

The support plan for resident #2, dated 2/1/2021, does not include the residence's plan to meet resident #2's needs as related to eating. This area of the support plan is blank.

The support plan for resident #3, dated 3/11/2020, does not indicate the type and frequency of services hospice provides. Resident #3 was admitted to the residence on [REDACTED] with hospice services already in place.

227a Final support plan – 30 days *(continued)*

Plan of Correction

Accept

Resident Care Coordinator to update ASPS to include the type and frequency of services that hospice will provide as well as the residence's plan to meet all resident care needs.

As part of quality assurance, we will audit all current ASPS within the next month and then quarterly thereafter.

Chart Audit Form is attached.

Completion Date: 04/02/2021

Document Submission

Implemented

Documentation is attached.