





Emailing Date: April 29, 2021

Mr. Chaim Steg  
Owner  
Southwestern Healthcare Operations, LLC  
456 Chestnut Street, Suite 300  
Lakewood, New Jersey 08701

RE: The Residence at Arrowood  
512 North Lewis Run Road  
Pittsburgh, Pennsylvania 15236  
License #: 452150

Dear Mr. Steg:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on October 1, 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 style with a large, flowing "J" and "B".

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 - PUBLIC**

**Facility Information**

Name: *The Residence at Arrowood* License #: *452150* License Expiration Date:  
 Address: *512 North Lewis Run Road, Pittsburgh, PA 15236*  
 County: *ALLEGHENY* Region: *WESTERN*

**Administrator**

Name: *Tyffini Balog* Phone: *4124693330* Email: *TBalog@southwesternhealthcare.com*

**Legal Entity**

Name: *Debbie Johnson*  
 Address: *456 Chestnut Street, Suite 303, Lakewood, NJ, 08701*  
 Phone: *7322679679* Email: *djohnson@ldylaw.com*

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *12/05/2013* Issued By: *Borough of Pleasant Hills*

**Staffing Hours**

Resident Support Staff: *04* Total Daily Staff: *67* Waking Staff: *50*

**Inspection**

Type: *Full* Notice: *Announced* BHA Docket #:  
 Reason: *Change Legal Entity* Exit Conference Date: *10/01/2020*

**Inspection Dates and Department Representative**

*10/01/2020 - On-Site: Thomas Smith, Amy Duncan*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *70* Residents Served: *45*

**Secured Dementia Care Unit**

In Home: *No* Area: Capacity: Residents Served:

**Hospice**

Current Residents: *7*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *45*  
 Diagnosed with Mental Illness: *8* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *18* Have Physical Disability: *0*

**Inspections / Reviews**

**10/01/2020 - Full**

Lead Inspector: *Thomas Smith* Follow-Up Type: *POC Submission* Follow-Up Date: *11/14/2020*

Inspections / Reviews (*continued*)

## 11/24/2020 - POC Submission

Lead Reviewer: *Jody Garvey*Follow-Up Type: *POC Submission*Follow-Up Date: *11/29/2020*

## 12/7/2020 - POC Submission

Lead Reviewer: *Jody Garvey*Follow-Up Type: *Document Submission*Follow-Up Date: *01/13/2021*

## 12/14/2020 - Document Submission

Lead Reviewer: *Jody Garvey*Follow-Up Type: *Exception*

82a - Poisonous Materials

1. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

At 9:51 a.m., 2 26oz. spray bottles labeled multi-surface cleaner were hanging on a wheeled cart in the hallway between the kitchen and the private dining room. One of the bottles contained 3oz. of yellow liquid the other contained 12oz. of yellow liquid.

Plan of Correction

Directed

The two 26oz. spray bottles were removed from kitchen on 10/2/2020.

Dietary manager educated dietary staff on poisonous materials being stored in their original, labeled containers on 11/10/20.

Production manager will monitor kitchen monthly starting in November and ongoing.

(Directed)-

Beginning 12/14/20, the production manager will conduct weekly walkthroughs of all areas of the home where poisonous materials are stored to ensure compliance with §2600.82(a). Documentation will be kept. J.G. (12/7/20)

Completion Date: 11/10/2020

Document Submission

Implemented

Please see attached documents submitted on 12/11/20

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

An orange sticky substance with particles of food stuck in it covered the bottom shelf of the refrigerator in the activity room.

Plan of Correction

Directed

Refrigerator has been replaced with a new one and was deep cleaned on 10/2/2020. See attached photo.

Activities Director was hired and started work on 11/9/20.

Activities Assistant and Activities Director were educated on the regulatory compliance on sanitary conditions being maintained on 11/10/20.

Activities Director will monitor the refrigerator bi-weekly to verify sanitary conditions are maintained starting on 11/10/20.

(Directed)

Beginning 12/14/20, the Activities Director will conduct bi-weekly checks of the refrigerator in the activity room to ensure sanitary conditions are maintained. Documentation will be kept. J.G. 12/7/20

Completion Date: 11/10/2020

Document Submission

Implemented

See attached documents submitted on 12/11/20

85d - Trash Receptacles

1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

At 10:44 a.m., there was a full uncovered garbage can in the kitchenette area of the dining room on the third floor. There was also a full uncovered garbage can in the shared bathroom of bedroom 328.

Plan of Correction

Accept

A new trash can with a lid was placed in the kitchenette dining room on the third floor on 10/1/20. See attached photo.

The dietary production manager will monitor the kitchenette area on the third floor bi-weekly to verify the lid is present starting on 10/15/20.

Completion Date: 11/05/2020

Document Submission

Implemented

See attached documents submitted on 12/11/20

86a - Ventilation

1. Requirements

2600.

86.a. All areas of the home that are used by the resident shall be ventilated. Ventilation includes an operable window, air conditioner, fan or mechanical ventilation that ensures airflow.

Description of Violation

The ventilation fan in the ground floor ladies restroom was not functional, the vent was uncovered and the fan was exposed and covered with dust. There was also no window in the bathroom.

Plan of Correction

Directed

The ventilation fan in the ground floor ladies bathroom has been replaced and is now clean and functional, this was completed on 10/9/20. See attached photo.

Maintenance will monitor ventilation system monthly to verify they are functional starting in November and ongoing.

(Directed)-

By 12/14/20, all maintenance staff will be educated on §2600.86(a). Documentation will be submitted to the Department. J.G. 12/7/20

Completion Date: 11/05/2020

Document Submission

Implemented

See attached documents submitted on 12/11/20

96a - First Aid Kit

1. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

96a - First Aid Kit (continued)

Description of Violation

The first aid kit located at the front desk did not include goggles or a thermometer.

Plan of Correction

Directed

Goggles and a thermometer were replaced in the first aid kit located at the front desk 10/7/20. Front desk receptionist will monitor the first aid kit monthly to verify the supplies listed above are in the kit starting in November and ongoing. (Directed)-Documentation of monthly first aid kit checks will be submitted to the Department. J.G. 12/7/20

(Directed)-

By 12/14/20, all direct care staff will be educated on §2600.96(a). Documentation will be submitted to the Department. J.G. 12/7/20

Completion Date: 11/05/2020

Document Submission

Implemented

See attached documents submitted on 12/11/20

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 9:54 a.m., the walk-in refrigerator in the kitchen was 42 degrees Fahrenheit and at 11:41 a.m., it was also 42 degrees Fahrenheit.

At 10:03 a.m., the freezer in the activity room was 4 degrees Fahrenheit and at 12:01 p.m., it was 8 degrees Fahrenheit.

Plan of Correction

Directed

The walk-in refrigerator will be monitored to verify the doors are kept closed and the refrigerator is functioning properly daily starting on 10/2/20 by the Dietary Manager. The freezer in the activities room was replaced with a new refrigerator on 10/2/20. The temperatures will be monitored daily to verify they are at or below 40 or 0 degrees starting on 11/10/20 by the Activities Director.

(Directed)-

By 12/14/20, all staff responsible for conducting daily refrigerator and freezer checks will be educated on §2600.103(f). Documentation will be submitted to the Department. J.G. 12/7/20

Completion Date: 11/10/2020

Document Submission

Implemented

103i - Outdated Food

1. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

**103i - Outdated Food (continued)****Description of Violation**

*At 10:03 a.m., a 1/2 full, 8oz. package of Philadelphia Cream Cheese with an expiration date of 3/13/20 was present in the activity room refrigerator.*

**Plan of Correction****Directed**

*The cream cheese was disposed of on 10/1/20.*

*Activities Director will monitor the refrigerator bi-weekly to verify there are no outdated or spoiled or dented cans starting on 11/10/20 and ongoing.*

**(Directed)-**

*By 12/14/20, the Activities Director will be educated on §2600.103(l) and the weekly refrigerator checks.*

*Documentation will be submitted to the Department. **J.G. 12/14/20***

*Completion Date: 11/10/2020*

**Document Submission****Implemented**

*See attached documents submitted on 12/11/20*