

Department of Human Services
Bureau of Human Service Licensing

June 30, 2021

[REDACTED] PARALEGAL
SOUTHWESTERN HEALTHCARE OPERATIONS LLC
456 CHESTNUT STREET, SUITE 303
LAKEWOOD, NJ 8701

RE: THE RESIDENCE AT ARROWOOD
512 N LEWIS RUN ROAD
PITTSBURGH, PA, 15122
LICENSE/COC#: 45215

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 06/03/2021, 06/04/2021 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,
Larry Mazza

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: THE RESIDENCE AT ARROWOOD **License #:** 45215 **License Expiration Date:** 04/30/2022
Address: 512 N LEWIS RUN ROAD, PITTSBURGH, PA 15122
County: ALLEGHENY **Region:** WESTERN

Administrator

Name: [REDACTED] **Phone:** 4124693330 **Email:** [REDACTED]

Legal Entity

Name: SOUTHWESTERN HEALTHCARE OPERATIONS LLC
Address: 456 CHESTNUT STREET, SUITE 303, LAKEWOOD, NJ, 8701
Phone: 4124693330 **Email:** [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 66 **Working Staff:** 50

Inspection

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 06/04/2021

Inspection Dates and Department Representative

06/03/2021 - On-Site: [REDACTED]
06/04/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 84 **Residents Served:** 49

Secured Dementia Care Unit

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

Hospice

Current Resident: 8

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 49
Diagnosed with Mental Illness: 6 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 17 **Have Physical Disability:** 0

Inspections / Reviews

06/03/2021 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *06/24/2021*

6/24/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *06/30/2021*

6/30/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *07/07/2021*

25a - Written Contract and Review

1. Requirements

2600.

- 25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

On 5/20/21, 13 residents were transferred to the home from another licensed personal care home owned by the same legal entity; however, a new resident-home contract was not completed for numerous residents, to include residents #1, #2, and #3, within 24 hours of admission to the new home.

Plan of Correction

Directed

As of 6/29/21 all residents have signed their new resident-home contracts.

As of 6/29/21 Administrator reviewed the policy with admissions to ensure all future contracts are signed per regulation.

Starting July the Administrator will audit all new admission contracts monthly to ensure they are completed.

DIRECTED: Within 5 days of receipt of the plan of correction: A designated staff person shall develop and implement a new admission checklist to ensure a resident-home contract is completed for all newly-admitted residents within 24 hours of admission. Documentation of the new checklist shall be kept. All staff persons who are involved in the admission process shall be educated on the new checklist. LM 6/30/21

Completion Date: 06/29/2021

25b - Contract Signatures

1. Requirements

2600.

- 25.b. 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.

Description of Violation

The resident-home contract for resident #4, dated [REDACTED] is not signed by the home's administrator or designee.

The resident-home contract for resident #5, dated [REDACTED] is not signed by the home's administrator or designee.

The resident-home contract for resident #6, dated [REDACTED] is not signed by the resident or the home's administrator or designee.

25b - Contract Signatures (*continued*)**Plan of Correction****Directed**

As of 6/3/21 Administrator signed contracts for resident # 4-5-6.

As of 6/29/21 Administrator reviewed policy with admissions to ensure all parties have signed the contracts per regulation.

Starting July the Administrator will audit all new admission contracts monthly to ensure they are completed.

DIRECTED: Within 48 hours of receipt of the plan of correction: Resident #6 shall sign their resident-home contract. A copy of the signed resident-home contract shall be provided to the resident upon request. The signed resident-home contract shall be kept in resident #6's record. LM 6/30/21

DIRECTED: Within 5 days of receipt of the plan of correction: A designated staff person shall develop and implement a new admission checklist to ensure a resident-home contract is completed and signed by all applicable parties, for all newly-admitted residents, within 24 hours of admission. Documentation of the new checklist shall be kept. All staff persons who are involved in the admission process shall be educated on the new checklist. LM 6/30/21

Completion Date: 06/29/2021

57c - 2 Hours/Day

1. Requirements

2600.

57.c. Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

Description of Violation

The home is required to provide a minimum of 1 hour of personal care services for each mobile resident and 2 hours of personal care services for each resident with mobility needs.

On 5/23/21, there were 49 residents in the home, including 17 residents with mobility needs, requiring a total minimum of 66 hours of direct care hours. On this day, only 59.5 hours of direct care staffing was provided.

Plan of Correction**Directed**

As of 6/29/21 staffing patterns have been changed to maintain compliance with the state staffing regulations.

As of 6/29/21 the Administrator is doing the nursing schedule to ensure we meet staffing requirements per regulations.

DIRECTED: A designated staff person shall review the home's direct care staffing schedule daily to ensure adequate staffing is provided to meet the needs of the residents in accordance with 2600.57a, 2600.57b, 2600.57c, 2600.57d, 2600.60a and 2600.61. LM 6/30/21

Completion Date: 06/29/2021

57d - Waking Hours

1. Requirements

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

57d - Waking Hours *(continued)***Description of Violation**

The home is required to provide a minimum of 1 hour of personal care services for each mobile resident and 2 hours of personal care services for each resident with mobility needs.

On 5/23/21, there were 49 residents in the home, including 17 residents with mobility needs, requiring a total minimum of 49.5 direct care staffing during waking hours. On this day, only 48.5 hours of direct care staffing were provided during waking hours.

Plan of Correction**Directed**

As of 6/29/21 staffing patterns were changed in order to maintain compliance with state staffing regulations.

As of 6/29/21 the Administrator is doing the nursing schedule to ensure we meet staffing requirements per state regulations.

DIRECTED: A designated staff person shall review the home's direct care staffing schedule daily to ensure adequate staffing is provided to meet the needs of the residents in accordance with 2600.57a, 2600.57b, 2600.57c, 2600.57d, 2600.60a and 2600.61. LM 6/30/21

Completion Date: 06/29/2021

60a - Staff/Support Plan

1. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On 5/22/21 and 5/23/21, there were 49 residents in the home, including 17 residents with mobility needs. Of the 17 residents with mobility needs, 5 of the residents require physical assistance of 2 staff persons to transfer in/out of bed/chair. The home's most recent fire safety inspection conducted by a fire safety expert, dated 10/14/19, indicates the maximum safe evacuation time to the home's 16 internal fire-safe areas is 6 minutes. However, only 2 staff persons were present in the home from approximately 10:00pm-7:00am on 5/22/21 and 5/23/21, which is not adequate to safely evacuate all residents in the event of an emergency.

60a - Staff/Support Plan *(continued)***Plan of Correction****Directed**

As of 6/29/21 staffing patterns have been changed to maintain compliance with state staffing regulations and to ensure enough staff are present on all shifts to ensure a safe evacuations.

As of 6/29/21 the Administrator is doing the nursing schedule to ensure we meet staffing requirements per state regulations and for a safe evacuation.

DIRECTED: A designated staff person shall review the home's direct care staffing schedule daily to ensure adequate staffing is provided to meet the needs of the residents in accordance with 2600.57a, 2600.57b, 2600.57c, 2600.57d, 2600.60a and 2600.61. LM 6/30/21

Completion Date: 06/29/2021

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

There are approximately 15 spots of dried blood in an approximate 1.5' X 1.5' area of carpeting to the left of resident #7's bed.

Plan of Correction**Directed**

As of 6/3/21 the carpet in resident #7 room has been cleaned.

Starting July the Administrator will audit 10 rooms monthly to ensure they are being cleaned properly.

DIRECTED: Within 7 days of receipt of the plan of correction: All staff persons shall be educated that sanitary conditions shall be maintained. Documentation of the education shall be kept. LM 6/30/21

DIRECTED: Within 48 hours of receipt of the plan of correction: A designated staff person shall monitor the home daily to ensure sanitary conditions are maintained. LM 6/30/21

Completion Date: 07/01/2021

101j4 - Bedroom Storage Area

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

4. A storage area for clothing that includes a chest of drawers and a closet or wardrobe space with clothing racks or shelves accessible to the resident.

Description of Violation

Resident #2 does not have a chest of drawers.

101j4 - Bedroom Storage Area (continued)**Plan of Correction****Directed**

As of 6/3/21 staff placed chest of drawers into resident #2 room.

Administrator or designee will do monthly room checks starting July to ensure residents have proper chest of drawers or wardrobe in room.

DIRECTED: Within 48 hours of receipt of the plan of correction: A designated staff person shall inspect all resident bedrooms to ensure each resident has a storage area for clothing that includes a chest of drawers. LM 6/30/21

Completion Date: 06/29/2021

101j5 - Bedside Table/Shelf**1. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

5. A bedside table or a shelf.

Description of Violation

Resident #2 does not have a bedside table or shelf.

Plan of Correction**Directed**

As of 6/3/21 staff placed nightstand next to resident #2 bed.

Administrator or designee will do monthly checks starting July to ensure residents have proper bedside tables or shelves

DIRECTED: Within 48 hours of receipt of the plan of correction: A designated staff person shall inspect all resident bedrooms to ensure each resident has a bedside table or shelf. LM 6/30/21

Completion Date: 06/29/2021

101j7 - Lighting/Operable Lamp**1. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #2 does not have an operable lamp or other source of lighting that can be turned on/off at bedside.

Plan of Correction**Directed**

As of 6/3/21 staff placed a lamp within reach to resident #2 bed.

Administrator or designee will do monthly checks starting July to ensure residents have proper lighting source within reach of bed.

DIRECTED: Within 48 hours of receipt of the plan of correction: A designated staff person shall inspect all resident bedrooms to ensure each resident has an operable lamp or other source of lighting that can be turned on/off at bedside. LM 6/30/21

Completion Date: 06/29/2021

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #3 was not administered numerous prescribed medications on the afternoon and evening of 5/24/21, to include the following:

- *Calcium/Vitamin D3 600mg/200iu-Take 1 tablet by mouth 3 times daily*
- *Diclofenac Sodium 1% gel-Apply 4 grams topically to bilateral knees and shoulders twice daily*
- *Gabapentin 300mg capsules-Take 1 capsule by mouth 3 times daily*
- *Lorazepam-0.5mg-Take 1 tablet by mouth twice daily*
- *Melatonin 10mg tablet-Take 1 tablet by mouth at bedtime*
- *Metoprolol Tartrate-25mg-Take 1 tablet by mouth twice daily*

Plan of Correction**Directed**

Director of Nursing will in service staff by July 7th qualified to pass medications on following prescribed orders to ensure accuracy per regulation 187d. (DIRECTED: The education shall include proper MAR documentation procedures if a medication is not administered to a resident. Documentation of the education shall be kept. LM 6/30/21)

DIRECTED: Within 72 hours of receipt of the plan of correction, then monthly thereafter: A designated staff person shall review all resident medications, including resident #3's medications, to ensure all medications are present in the home for administration in accordance with prescribers' orders. LM 6/30/21

Completion Date: 07/07/2021

224a - Preadmission Screen Form

1. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

On 5/20/21, 13 residents were transferred to the home from another licensed personal care home owned by the same legal entity; however, a preadmission screening was not completed for any of the residents within 30 days prior to admission to the new home.

224a - Preadmission Screen Form (*continued*)**Plan of Correction****Directed**

As of 6/4/21 audit tool was implemented to acknowledge late prescreens and all prescreens have been completed on the residents that were moved in.

Administrator or designee will review charts monthly upon admission starting July to ensure prescreen is in place.

DIRECTED: Within 5 days of receipt of the plan of correction: A designated staff person shall develop and implement a new admission checklist to ensure a preadmission screening is completed for all newly admitted residents within 30 days prior to admission. Documentation of the new checklist shall be kept. All staff persons who are involved in the admission process shall be educated on the new checklist. LM 6/30/21

Completion Date 07/01/2021

225a Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

On 5/20/21, 13 residents were transferred to the home from another licensed personal care home owned by the same legal entity; however, an initial assessment was not completed for any of the residents within 15 days of the admission to the new home.

Plan of Correction**Directed**

As of 6/3/21 audit form was placed in residents charts to acknowledge late assessment. As of 6/29/21 Director of Nursing has completed all assessments for the residents who moved to Arrowood.

Administrator or designee will review charts monthly starting July to ensure assessment forms are complete as per regulation 225a.

DIRECTED: Within 5 days of receipt of the plan of correction: A designated staff person shall develop and implement a new admission checklist to ensure an assessment is completed for all newly admitted residents within 15 days of admission. Documentation of the new checklist shall be kept. All staff persons who are involved in the admission process shall be educated on the new checklist. LM 6/30/21

Completion Date 07/01/2021