

RECOMMENDATION FOR CERTIFICATE OF COMPLIANCE (RENEWALS ONLY)

INSTRUCTIONS: Regional Program Office completes form, makes two copies, keeps one copy and forwards the original and one copy to the Licensing Office. (This form is to be used for RENEWALS ONLY.)

REGION WESTERN		COUNTY WESTMORELAND	
NAME AND ADDRESS OF AGENCY/FACILITY WOODCREST SENIOR LIVING COMMUNITY		FACILITY E-MAIL RMETZGER@WOODCREST.CARE	
1 WOODCREST CIRCLE			
SCOTSDALE 15683			
MAILING ADDRESS OF FACILITY		LEGAL E-MAIL RMETZGER@WOODCREST.CARE	
1 WOODCREST CIRCLE			
SCOTSDALE PA 15683		TELEPHONE NO: 724-887-3773	
NAME OF LEGAL ENTITY GROVE MANOR		FEIN/SSN	
CURRENT CERTIFICATE NUMBER ➤ 442120	TYPE OF CONTROL ➤ <input type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> PRIVATE		
EFFECTIVE DATE ➤ FROM 11/03/2020 TO 11/03/2021	IF PRIVATE ➤ <input type="checkbox"/> PROFIT <input checked="" type="checkbox"/> NON-PROFIT		

TYPE OF FACILITY & TYPE OF SERVICE PROVIDED	
ADULT RESIDENTIAL FACILITIES	
PERSONAL CARE HOMES	SSI-0 60+-28 MH- 1 ID-0 MN-15 PD-1 SDCU-N/A
DATE(S) OF INSPECTION ➤ 7/2/21, 7/29/21, 7/30/21	

RECOMMENDATIONS			
<input checked="" type="checkbox"/> CERTIFICATE RECOMMENDED	TYPE <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> PROVISIONAL	IF PROVISIONAL <input type="checkbox"/> FIRST <input type="checkbox"/> SECOND <input type="checkbox"/> THRD <input type="checkbox"/> FOURTH	
		SCORE	PERIOD FROM _____ TO _____
<input type="checkbox"/> CERTIFICATE NOT RECOMMENDED	REASON <input type="checkbox"/> DENIAL <input type="checkbox"/> NON-RENEWAL <input type="checkbox"/> REVOCATION <input type="checkbox"/> VOLUNTARY CLOSURE <input type="checkbox"/> OTHER		
LIST REGULATION CHAPTER Ch 2600 PERSONAL CARE HOMES		FIRE SAFETY APPROVAL ➤ <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
		DATE 7/26/1995 & 12/1/2011	TYPE C-2 LP & I-1/ L&I
		LICENSED CAPACITY 55	CURRENT CENSUS 28

LIST ANY RESTRICTIONS TO OCCUPANCY OR WAIVERS OF REGULATION

SIGNATURE – PERSON MAKING RECOMMENDATION

Jane Palenzy 9/24/21

APPROVED BY

Department of Human Services
Bureau of Human Service Licensing

September 24, 2021

ROBIN L. METZGER, EXECUTIVE DIRECTOR
GROVE MANOR
1 WOODCREST CIRCLE
SCOTTDALE, PA 15683

RE: WOODCREST SENIOR LIVING
COMMUNITY
1 WOODCREST CIRCLE
SCOTTDALE, PA, 15683
LICENSE/COC#: 44212

Dear Ms. Metzger,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/28/2021, 07/29/2021, 07/30/2021 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

September 21, 2021

ROBIN L. METZGER, EXECUTIVE DIRECTOR
GROVE MANOR
1 WOODCREST CIRCLE
SCOTTDALE, PA 15683

RE: WOODCREST SENIOR LIVING
COMMUNITY
1 WOODCREST CIRCLE
SCOTTDALE, PA, 15683
LICENSE/COC#: 44212

Dear Ms. Metzger,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 07/28/2021, 07/29/2021, 07/30/2021 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: *WOODCREST SENIOR LIVING COMMUNITY* License #: *44212* License Expiration Date: *11/03/2021*
 Address: *1 WOODCREST CIRCLE, SCOTTDALE, PA 15683*
 County: *WESTMORELAND* Region: *WESTERN*

Administrator

Name: *Robin Metzger* Phone: *7248873773* Email: *RMETZGER@WOODCREST.CARE*

Legal Entity

Name: *GROVE MANOR*
 Address: *1 WOODCREST CIRCLE, SCOTTDALE, PA, 15683*
 Phone: *7248873773* Email: *RMETZGER@WOODCREST.CARE*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *07/26/1995* Issued By: *Labor & Industry*
 Type: *I-1* Date: *12/01/2011* Issued By: *Labor & Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *43* Waking Staff: *32*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *07/30/2021*

Inspection Dates and Department Representative

07/28/2021 - On-Site: Lisa Flinner-Alman
07/29/2021 - On-Site: Lisa Flinner-Alman
07/30/2021 - On-Site: Lisa Flinner-Alman

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *55* Residents Served: *28*

Secured Dementia Care Unit

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

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *28*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *15* Have Physical Disability: *1*

Inspections / Reviews

07/28/2021 - Full

Lead Inspector: *Lisa Flinner-Alman*Follow-Up Type: *POC Submission*Follow-Up Date: *09/24/2021*

9/21/2021 - POC Submission

Lead Reviewer: *Janine Wenzig*Follow-Up Type: *Document Submission*Follow-Up Date: *09/24/2021*

9/24/2021 - Document Submission

Lead Reviewer: *Janine Wenzig*Follow-Up Type: *Not Required*

82a - Poisonous Materials

1. Requirements

2600.

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

Description of Violation

On 7/28/21, a spray bottle with a handwritten label indicating Mold-X, was stored in a spray bottle originally labeled Windex, in the 100-hallway furnace room.

Plan of Correction

Accept

1. The spray bottle improperly labeled was immediately removed from the furnace area.

2. A full house REVIEW was immediately conducted to ensure that there were no other bottles improperly labeled and stored inappropriately. No other chemicals were found to be inappropriately labeled or inappropriately stored.

3. Education (EDUCATION SHEET 1) was initiated for staff to ensure that no other infraction of this nature occurs.

A weekly audit (AUDIT 82a-2) has been initiated to monitor each area weekly for 3 months for any infractions and corrections made if infractions are noted.

4. QAPI PLAN (QAPI 82a) has been initiated to monitor chemical storage. This plan will be monitored by the maintenance Director/designee, reported to the QAPI committee for compliance with findings to include any corrective action identified during the audit.

DATE OF COMPLIANCE: 9-24-2021

Completion Date: 09/24/2021

Document Submission

Implemented

See attached

143a - Emergency Medical Plan

1. Requirements

2600.

143.a. The home shall have a written emergency medical plan that includes the following:

Description of Violation

The home's emergency medical plan does not indicate the hospital to be used in an emergency will be the resident's choice if possible.

Plan of Correction

Accept

1. The emergency medical plan was REVIEWED. Attached please find the current Emergency Medical Plan for your review.

2. Any and all updates were completed in the plan.

3. Staff was reminded to update plan when changes occur

4. Annual review of the emergency plan will be initiated

Completion Date: 09/24/2021

143a - Emergency Medical Plan *(continued)***Document Submission****Implemented***See attached*

184a - Labeling OTC/CAM

1. Requirements

2600.

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

Description of Violation

Resident #1 is ordered Cetirizine 10mg, 1 tablet by mouth daily. However, the label on the bottle did not include the resident's name.

Resident #2 is ordered Atorvastatin 20mg, 1 tablet daily. However, the label on the bottle did not include the resident's name or instructions.

Repeat violation: 10/17/19

Plan of Correction**Accept**

1. Medications for resident #1 were REVIEWED. The name of the resident was immediately put on the residents OTC medication.

2. A REVIEW was initiated for all residents to ensure that all OTC/CAM medication had the residents name written on the medication. No other infraction was found during this review.

3. Education (EDUCATION SHEET 2) was initiated to administrative and care staff to ensure that proper labeling of OTC/CAM medications is in place for each resident.

An audit (AUDIT 184a) has been initiated for any new admissions or any resident medication changes for proper labeling by the nurse/designee.

4. A QAPI PLAN (QAPI PLAN 184a) has been initiated to monitor labeling of OTC/CAM medication. The nurse/designee will report to the QAPI committee findings of the audit to include any corrective action identified during the audit.

Completion Date: 09/24/2021

Document Submission**Implemented***See attached*

185a - Implement Storage Procedures

1. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

185a - Implement Storage Procedures (*continued*)**Description of Violation**

On 7/25/2021 at 8:13 a.m., resident #3's glucometer reading was 117; however, 116 was indicated on the medication administration record (MAR).

On 7/26/2021 at 7:59 a.m., resident #3's glucometer reading was 102; however, 101 was indicated on the MAR.

Plan of Correction**Accept**

1. A chart REVIEW of resident #3 was completed to ensure that the resident had no ill effects from an improper reading of the glucometer. No adverse effects were noted.
2. Each glucometer was re calibrated to ensure the accuracy of the glucometer.
3. Education (EDUCATION SHEET 2) has been initiated for proper reading and recording of the glucometer results. An audit (AUDIT 185a) has been initiated by the nurse/designee for 3 months at random to ensure that the glucometer is proper calibrated, and charting is accurately recorded.
4. A QAPI PLAN (QAPI PLAN 185a) has been initiated to monitor glucometer testing and recording. The nurse/designee will report to the QAPI committee findings of the audit to include any corrective action identified during the audit.

Completion Date: 09/24/2021

Document Submission**Implemented**

See Attached

187a - Medication Record

1. Requirements

2600.

- 187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
1. Resident's name.
 2. Drug allergies.
 3. Name of medication.
 4. Strength.
 5. Dosage form.
 6. Dose.
 7. Route of administration.
 8. Frequency of administration.
 9. Administration times.
 10. Duration of therapy, if applicable.
 11. Special precautions, if applicable.
 12. Diagnosis or purpose for the medication, including pro re nata (PRN).
 13. Date and time of medication administration.
 14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #1 is ordered Acephen 650mg suppositories, insert one every 4 hours as needed for mild pain or fever. The medication was not included on the July 2021 MAR.

Repeat violation: 10/17/2019

187a - Medication Record *(continued)***Plan of Correction****Accept**

1. A REVIEW of the MAR for resident #1 was completed to ensure that the medication orders were correct on the MAR according to physician's orders. The correction was immediately made for this resident. No ill effects noted.
2. A resident audit REVIEW was conducted by the RN/designee to ensure that all physician's ordered medication has been accurately reflected on the Medication Administration Record.
3. Education (EDUCATION SHEET 2) has been initiated on accurately recording physicians' orders for medication on the Medication Administration Record by the nurse/designee.

An audit (AUDIT 187a 187d) has been initiated by the nurse/designee to be conducted for 3 Months at random to ensure all medication orders are obtained and accurate.

4. A QAPI PLAN (QAPI PLAN 187a 187d) has been initiated to monitor accuracy of physician orders and the Medication Administration Record. The nurse/designee will report to the QAPI committee findings of the audit to include any corrective action identified during the audit.

Completion Date: 09/24/2021

Document Submission**Implemented**

See attached

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #3 is scheduled to receive blood sugar checks and insulin before each meal. Lunch is served at 12:00 p.m. However, on 7/26/2021 at 1:42 p.m., the resident's blood sugar was taken.

Resident #3 is ordered Novolog Inj Flexpen, Accucheck 3 times a day before meals.

Inject subcutaneously per a sliding scale as follows:

181 – 200=4 units

201-250=6 units

251-300=8 units

301-350=10 units

351-400=12 units

401-450=14 units

>451=CALL MD

On 7/26/2021 at 1:42 p.m., resident #3 had a blood sugar reading of 199 and was given 0 units. According to the sliding scale, 4 units should have been administered.

187d - Follow Prescriber's Orders (*continued*)**Plan of Correction****Accept**

1. A medical and chart REVIEW was conducted for resident #3. No actual harm was noted. Physician was notified of errors.
2. A chart REVIEW of all residents has been initiated. Any medication errors noted were immediately corrected and notification to the physician was made.
3. Education (EDUCATION SHEET 2) has been initiated on following physician orders per policy, notification to physicians, and following proper protocol for medication administration.
An audit (AUDIT 187a 187d) has been initiated by the nurse/designee for 3 months at random to ensure that physician orders are followed per policy.
4. A QAPI PLAN (QAPI PLAN 187a 187d) has been initiated to monitor accuracy of following physician orders. The nurse/designee will report to the QAPI committee findings of the audit to include any corrective action identified during the audit.

Completion Date: 09/24/2021

Document Submission**Implemented**

See attached

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

The assessment, dated 6/21/2021, for resident #1 does not include the diagnoses of wheezing and nausea/vomiting that are indicated on the medical evaluation, dated 6/13/2021.

Plan of Correction**Accept**

1. A medical and chart REVIEW was conducted for resident #1. The medical diagnosis was corrected on the assessment for this resident.
2. A chart REVIEW of all residents has been initiated. The assessments will reflect the proper diagnosis for each resident.
3. Education (EDUCATION SHEET 2) has been initiated on ensuring the proper and complete diagnosis are recorded on the assessments.
An audit (AUDIT 225a, 225c) has been initiated by the nurse/designee for 3 months at random to ensure that diagnoses are accurately recorded on the assessment.
4. A QAPI PLAN (QAPI PLAN 225a, 225c) has been initiated to ensure physician diagnosis are accurately recorded on the assessments. The nurse/designee will report to the QAPI committee findings of the audit to include any corrective action identified during the audit.

Completion Date: 09/24/2021

Document Submission**Implemented**

See attached

225c - Additional Assessment

1. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

Description of Violation

The assessment, dated 1/22/21, for resident #2 does not include the diagnoses of CHF, cardiomyopathy, asthma, and edema that are indicated on the medical evaluation, dated 1/22/21.

Plan of Correction**Accept**

1. A medical and chart REVIEW was conducted for resident #2. The medical diagnosis was corrected on the assessment for this resident.

2. A chart REVIEW of all residents has been initiated. The assessments will reflect the proper diagnosis for each resident.

3. Education (EDUCATION SHEET 2) has been initiated on ensuring the proper and complete diagnosis are recorded on the assessments.

An audit (AUDIT 225a, 225c) has been initiated by the nurse/designee for 3 months at random to ensure that diagnoses are accurately recorded on the assessment.

A QAPI PLAN (QAPI PLAN 225a, 225c) has been initiated to ensure physician diagnosis are accurately recorded on the assessments. The nurse/designee will report to the QAPI committee findings of the audit to include any corrective action identified during the audit.

Completion Date: 09/24/2021

Document Submission**Implemented**

See attached

PRIVACY CODING DOCUMENT

Facility Information

Name: *WOODCREST SENIOR LIVING COMMUNITY*

License #: *44212*

License Expiration Date: *11/03/2021*

Address: *1 WOODCREST CIRCLE, SCOTTDALE, PA 15683*

Inspection

Date: *07/28/2021*

Type: *Full*

Staff Privacy Coding

Designation

Staff Members Name

Job Title

Date Hired

Resident Privacy Coding

Designation

Resident's Name

Resident 1

James Griffin

Resident 2

Dorothy Wilson

Resident 3

Charles Leeper

Licensing Scoresheet

Facility Information

Name: *WOODCREST SENIOR LIVING COMMUNITY* License #: *44212* License Expiration Date: *11/03/2021*
Address: *1 WOODCREST CIRCLE, SCOTTDALE, PA 15683*
County: *WESTMORELAND* Region: *WESTERN* Service Type: *PERSONAL CARE HOMES*

Administrator

Name: *Robin Metzger* Phone: *7248873773* Email: *RMETZGER@WOODCREST.CARE*

Legal Entity

Name: *GROVE MANOR*
Address: *1 WOODCREST CIRCLE, SCOTTDALE, PA, 15683*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *07/26/1995* Issued By: *Labor & Industry*
Type: *I-1* Date: *12/01/2011* Issued By: *Labor & Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *43* Waking Staff: *32*

Inspection

Type: *Full* BHA Docket #: Notice: *Unannounced*
Reason: *Renewal*

Inspection Dates and Department Representative

07/28/2021 - On-Site: Lisa Flinner-Alman
07/29/2021 - On-Site: Lisa Flinner-Alman
07/30/2021 - On-Site: Lisa Flinner-Alman

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *55* Residents Served: *28*

Secured Dementia Care Unit

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

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *28*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *15* Have Physical Disability: *1*

General Provisions

- C 3c - Post Current License
- C 5a1 - DHS Access
- C 5a2 - Aging Access
- C 5a3 - Long Term Care Ombudsman Access
- C 5a4 - Disability Rights Network Access
- C 5b - Community Services Access

General Requirements

- C 11a - Chapter 20
- C 13b - Capacity
- C 14a - Fire Safety Approval
- C 14b - Fire Safety Approval Withdrawn
- C 14c - Building Renovations
- C 15a - Resident Abuse Report
- C 15b - Supervisor Plan
- C 15c - Supervision
- C 15d - Resident Abuse-Notification
- C 16b - Incident Policies
- C 16c - Written Incident Report
- C 16d - Final Incident Report
- C 16e - Resident Notice
- C 16f - Copy of Reportable Incident or Condition
- C 17 - Record Confidentiality
- C 18 - Compliance With Laws
- C 19 - Review Waiver
- C 20a - Personal Finances
- C 20b1 - Financial Records
- C 20b2 - Access to Money
- C 20b3 - Written Receipts
- C 20b4 - Use of Funds
- C 20b5 - No Commingling
- C 20b6 - Interest Bearing Account
- C 20b7 - Power of Attorney
- C 20b8 - Quarterly Account
- C 20b9 - Record Keeping
- C 20b10 - Review of Account
- C 21 - Off-Premises Activity
- C 23a - Activities of Daily Living Assistance
- C 23b - Instrumental Activities of Daily Living Assistance
- C 24 - Personal Hygiene
- C 25a - Written Contract and Review
- C 25b - Contract Signatures
- C 25c1 - Personal Needs Allowance

- C 25c2 - Fee Schedule
- C 25c3 - Annual Assessment
- C 25c4 - Payment Responsibility
- C 25c5 - Telephone Calls
- C 25c6 - Refunds
- C 25c7 - Financial Assistance
- C 25c8 - Smoking
- C 25c9 - Termination
- C 25c10 - Advance Notice
- C 25c11 - List of Rates
- C 25c12 - Bed Hold
- C 25c13 - Complaint Procedure
- C 25d - Rent Rebate
- C 25e - Contract Rescission
- C 25f - Life Care Contract/Guarantee
- C 25g - Admission Contract Copies
- C 25h - Service Needs Available
- C 25b SOPa - Rent Rebate: Contract
- C 25b SOPb1 - Rent Rebate: Amount Collected
- C 25b SOPb2 - Rent Rebate: Intended Use
- C 25b SOPc - Rent Rebate: Signed Statement
- C 26a - Quality Management Plan
- C 26b - Quality Management Plan Content
- C 26c - QM Improvement
- C 27a - SSI Benefits
- C 27b - Calculating Rent Payment
- C 27c - Retroactive Awards
- C 27d1 - Personal Hygiene
- C 27d2 - Laundry Services
- C 27d3 - Personal Care Services
- C 27e - Third-Party Payments
- C 28a - Refunds
- C 28c - Nights Spent In Home
- C 28d - Resident's Discharge
- C 28e - Death of a Resident
- C 28f - Resident's Funds and 30-day Refund
- C 28g - Refunds
- C 29 Hospice Care
- C 29a SOPa Hospice Care: Residents Receiving Hospice Service
- C 29a SOPb1 - Hospice Care: Doctor Certification
- C 29a SOPb2 - Hospice Care: Informed Consent
- C 29a SOPb3 - Hospice Care: Relocating Residents
- C 29a SOPb4 - Hospice Care: Inform Non-Participating

- C 29a SOPb5i - Hospice Care: Safe Transportation
- C 29a SOPb5ii - Hospice Care: Fire Drill Simulation
- C 29a SOPb6 - Hospice Care: Resident Evacuation
- C 29a SOPb7 - Hospice Care: Sufficient Staff for Safe Evacuation
- C 29a SOPb8 - Hospice Care: Staff Participation in Fire Drills
- C 29a SOPb9 - Hospice Care: Evacuation
- C 29a SOPb10 - Hospice Care: Resident Assessment and Support
- C 29a SOPb11 - Hospice Care: Records

Resident Rights

- C 41a - Complaint w/o Retaliation
- C 41b - Communication
- C 41c - Rights Poster
- C 41d - Rights/Complaint Procedures
- C 41e - Signed Statement
- C 42a - Specific Rights
- C 42b - Abuse
- C 42c - Treatment of Residents
- C 42d - Home Rules
- C 42e - Telephone Access
- C 42f - Mail Access
- C 42g - Ombudsman
- C 42h - Religion
- C 42i - Health Services
- C 42j - Clothing
- C 42k - Resident Record
- C 42l - Personal Clothing
- C 42m - Resident Leave/Return
- C 42n - Relocating
- C 42o - Associate/Communicate
- C 42p - Restraints
- C 42q - Compensation
- C 42r - Visitation
- C 42s - Privacy
- C 42t - File Complaints
- C 42u - Right to Remain in Home
- C 42v - Resident-Home Contract
- C 42w - External Appeal Procedure
- C 42x - Safeguard
- C 42y - Health Care Choice
- C 43a - Resident Rights Deprived
- C 43b - Resident Rights Rewarded
- C 44a - Complaint Rights
- C 44b - Retaliation

- C 44c - Written Complaint
- C 44d - Complaint Investigation
- C 44e - Complaint Submission
- C 44f - Written Decision
- C 44g - Telephone Number

Staffing

- C Plan 51 - Criminal Background Check
- C 52 - Hiring Staff
- C 53a - Qualifications
- C 53b - Administrator Age
- C 53c - Administrator Duties
- C 53d - Ability to Provide
- C 53e - Knowledge of Regulations
- C 53f - Administrator Ability
- C 53g - Financial Management
- C 53h - Medically Fit
- C 54a - Direct Care Staff
- C 54b - Staff Under 18 Years
- C 54c - Volunteer
- C 56 - Admin 20 Hours/Week
- C 57a - Designee Present/Age
- C 57b - 1 Hour/Day
- C 57c - 2 Hours/Day
- C 57d - Waking Hours
- C 58a - Awake Staff 16 or More
- C 58b - Awake Staff Mobility Needs
- C 59a - Multiple Buildings within 300 Feet
- C 59b - Multiple Buildings Regardless of Distance
- C 60a - Staff/Support Plan
- C 60b - Additional Staffing
- C 60c - Housekeeping/Maintenance
- C 61 - Substitute Coverage
- C 62 - Contact List
- C 63a - First Aid/CPR Training
- C 63b - Current First Aid Training
- C 63d - Certified CPR Staff
- C 64a - Admin Training
- C 64c - Annual Training
- C 64e - Completion of Training
- C 64f - Record of Training
- C 65a - FS Orientation 1st Day
- C 65b - Rights/Abuse 40 Hours
- C 65c - Ancillary Staff Orientation

C	65d - Initial Direct Care Training	C	96b - First Aid Location
C	65e - 12 Hours Annual Training	C	96c - First Aid Accessible
C	65f - Training Topics	NA	97 - Elevators/Lifting Devices
C	65g - Annual Training Content	C	98a - Indoor Activity Space
C	65i - Training Record	C	98b - Furnished Lounge and Accomodations
C	66a - Staff Training Plan	C	98c - TV and Radio
C	66b - Training Plan Content	C	99 - Indoor/Outdoor Recreation
C	66c - Training Documentation	C	100a - Exterior - Free of Hazards
Physical Site			
C	81a - Accomodation	C	100b - Removal Snow/Obstructions
C	81b - Resident Personal Equipment	C	101a - Bedroom Square Footage
V	82a - Poisonous Materials	C	101b - Shared Bedroom Square Footage
C	82b - Poisonous Material Storage	C	101c - Bedroom Mobility Needs
C	82c - Locking Poisonous Materials	C	101d - Four Residents per Bedroom
C	83a - Indoor Temperature	C	101e - Ceiling Height
C	83b - Air Conditioner/Fans	C	101f - Bedroom Window
C	84 - Heat Sources	C	101g - Bedroom Resident's Use Only
C	85a - Sanitary Conditions	C	101h - Bedroom No Passage
C	85b - Infestation	C	101i - Access to Bedroom
C	85c - Trash	C	101j1 - Mattress Fire Retardant
C	85d - Trash Receptacles	C	101j2 - Bedroom Chairs
C	85e - Trash Outside Home	C	101j3 - Bed/Linens/Pillows/Blankets
NA	85f - Sewer System	C	101j4 - Bedroom Storage Area
C	86a - Ventilation	C	101j5 - Bedside Table/Shelf
C	86b - Bathroom	C	101j6 - Mirror
C	87 - Lighting	C	101j7 - Lighting/Operable Lamp
C	88a - Surfaces	C	101k - Cots/Portable Beds
C	88b - Asbestos	C	101l - Bunk/Raised Beds
C	89a - Water Pressure	C	101m - Bedroom Emergency Exit
C	89b - Hot Water Temperature	C	101n - Bedroom - opposite sex
NA	89c - Testing Non-Public Water	C	101o - Walls, Floors, Ceilings
NA	89d - Contaminant Level	C	101p - Bedroom Doors
NA	89e - Laboratory Certification	C	101q - Storage Space
C	90a - Landline Telephone	C	101r - Bedroom - shades/drapes/window covering
C	90b - Staff Communication	C	102a - Toilet - 6 users
C	91 - Telephone Numbers	C	102b - Bath/Sinks/Mirrors - 6 users
C	92 - Windows	C	102c - Tub/Shower - 10 users
C	93a - Handrails	C	102d - Grab/Hand/Assist Bar/Slip-Resistant Surface
C	93b - Railings	C	102e - Privacy - Doors/Partitions
C	94a - Interior/Exterior Doors	C	102f - Towel/Washcloth/Soap
C	94b - Non-Skid Surface	C	102g - Individual Toiletry Items
C	95 - Furniture and Equipment	C	102h - Toilet Paper
C	96a - First Aid Kit	C	102i - Soap Dispenser
		C	102j - Towels/Wash Cloths Access

C	102k - No Common Towel	C	125a - Combustible Storage
C	102l - Shelves/Hooks	C	125b - Combustible Restrictions
C	103a - Kitchen	C	126a - Furnace Inspection
C	103b - Clean/Sanitized Kitchen Surfaces	C	126b - Furnace Cleaning
C	103c - Food Protected	C	127a - Portable Space Heaters
C	103d - Storing Food Off Floor	C	127b - Non-Portable Space Heaters
C	103e - Left Overs	C	128a - Kerosene Heaters
C	103f - Refrigerator/Freezer Temps	C	128b - Wood/Coal Burning Stoves Approval/Cleaning
C	103g - Storing Food	C	128c - Wood/Coal Burning Stoves Screens
C	103h - Thawing Food	C	129a - Fireplace Screens
C	103i - Outdated Food	C	129b - Fireplace Chimney
C	103j - Utensils Cleaning	C	130a - Smoke Detector 15 ft Bedroom
C	104a - Dining Room	C	130b - Smoke Detectors Hallways
C	104b - Dishes/Glassware/Utensils	C	130c - UL Approved
C	104c - Condiments	C	130d - Interconnected Detectors
C	104d - Adaptive Eating Equipment	C	130e - Hearing Impairment
C	104e - Daily Meals/Dining Room	C	130f - Testing Smoke Detectors
C	105a - Laundry Service - SSI	C	130g - Smoke Detector Repair
C	105b - Laundry Service - Non SSI	C	130h - Inoperable Smoke Detector
C	105c - Supply Linens/Towels	C	130i - Fire Alarm Mobility Needs
C	105d - Change Bed Linens/Towels	C	131a - Fire Extinguisher
C	105e - Clean Linen Storage	C	131b - Fire Extinguisher 3000 ft
C	105f - Labeling/Return of Clothes	C	131c - Kitchen Fire Extinguisher
C	105g - Lint Removal and Duct Cleaning	C	131d - UL Approved Extinguishers
NA	106 - Swimming Areas	C	131e - Accessible Extinguishers
C	107a - Emergency Preparedness	C	131f - Fire Extinguisher Inspection
C	107b - Emergency Procedures	NM	132a - Monthly Fire Drill
C	107c - Food/Water 3 Day Supply	NM	132b - Safety Inspection/Fire Drill
C	107d - Procedure Emergency Management Agency Submission	NM	132c - Fire Drill Records
C	108 - Firearms & Weapons	C	132d - Evacuation
C	109a - Pets	NM	132e - Fire Drill Sleeping Hours
C	109b - Rabies Vaccination	NM	132f - Alternate Exit Routes
C	109c - Pet's Health	NM	132g - Fire Drills Days/Times
C	109d - Pet's Charge	C	132h - Designated Meeting Place
Fire Safety		C	132i - Testing Fire Alarm
C	121a - Unobstructed Egress	NA	132j - Elevators
C	121b - Locking Device Approval	C	133.1 - Exit Signs
C	122 - Two Access Exits/Floor	C	133.2 - Exit Signs Direction
C	123a - Exit Doors	C	133.3 - Exit Signs Letter Size
C	123b - Emergency Procedures Posted	Resident Health	
C	123c - Evacuation Diagrams	C	141a - Medical Evaluation
C	123d - Mobility Needs	C	141a 1-10 Medical Evaluation Information
C	124 - Notice to Fire Department	C	141b1 - Annual Medical Evaluation

C 141b2 - Medical Evaluation Changes

C 142a - Secure Medical Care

C 142b - Refusal-Medical Treatment

C 142c - Consent for Treatment

C 142d - Secure Preventative Care

V 143a - Emergency Medical Plan

C 143b - Residents Medical Information

C 144b - Policy on Smoking

C 144c1 - Smoking Area Guidelines

C 144c2 - Smoking Area Distance

C 144c3 - Smoking During Transport

C 144d - Smoking Outside

Nutrition

C 161a - Meals

C 161b - Well-Balanced Meals

C 161c - Additional Portions

C 161d - Dietary Needs

C 161e - Dietary Alternatives

C 161f - Drinking Water

C 162a - Hours Between Meals

C 162b - Missed Meals

C 162c - Menus Posted

C 162d - Past Menus

C 162e - Menu Changes

C 163a - Food Service Hand Washing

C 163b - Sanitary Practices

C 163c - Good Health

C 163d - Infected Wound

C 164a - Withholding Meals

C 164b - Resident Forced to Eat

C 164c - Resident Refusal Eat/Drink

C 164d - Encourage Nutrition

Transportation

C 171b1 - Providing Transportation

C 171b2 - Staff Age

C 171b3 - Staff Requirement

C 171b4 - Staff Training

C 171b5 - First Aid Kit

C 171b6 - Cell Phone

C 171b7 - Transportation Assistant

C 171c - Home's Vehicle Documents

C 171d - Transport Medical Appointment

Medications

C 181a - Self-adminstration Assist

C 181b - Self-administration Medication Reminder

C 181c - Self-administration Assessment

C 181d - Storing Medication

C 181e - Capable to Self Administer

C 181f - Record of Medication

C 182a - Appropriate Assessment Agency

C 182b - Prescription Medication

C 182c - Medication Administration

C 183a - Original Containers and Injections

C 183b - Meds and Syringes Locked

C 183c - Refrigerated Meds Locked

C 183d - Prescription Current

C 183e - Storing Medications

C 183f - Discontinued Medications

V 184a - Labeling OTC/CAM

C 184b - Resident's Meds Labeled

C 184c - Sample Prescription Meds.

V 185a - Implement Storage Procedures

C 185b - Medication Procedures

C 186a - Authorized Prescriber

C 186b - Medication Used by Resident

C 186c - Change in Medications

V 187a - Medication Record

C 187b - Date/Time of Medication Admin.

V 187c - Refusal of Medication

V 187d - Follow Prescriber's Orders

C 188b - Medication Error Reporting

C 188c - Medication Error Documentation

C 188d - System to Document Medication Errors

C 188e - Follow-Up Action

C 189a - Adverse Reaction Medications

C 189b - Document Adverse Reaction

C 190a - Completion Medication Course

C 190b - Insulin Injections

C 190c - Record of Training

C 191 - Resident Right to Refuse

Safe Management Techniques

C 201 - Positive Interventions

C 202 - Prohibitions

Services

C 221a - Program Activities

C 221b - Activity Types

C	221c - Post Activity Calendar	NA	233d - Electronic/Magnetic System
C	222 - Social Services	NA	233e - Fire Alarm System
C	223a - Description of Service	NA	234a - Admission Support Plan
C	223b - Service Procedures	NA	234b - Support Plan Needs Elements
C	224a - Preadmission Screen Form	NA	234c - Support Plan Responsible Person
C	224b - Assessment Referral	NA	234d - Support Plan Revision
C	224c - Preadmission Screening	NA	234e - Involvement/Participation
V	225a - Assessment 15 Days	NA	235 - Discharge/Transfer/Closure
V	225c - Additional Assessment	NA	236 - Staff Training
C	225d - Higher Level of Care	NA	237a - Activities
C	226a - Mobility Assessment	NA	237b - Resident Participation
C	226b - Mobility Requirements	NA	239a - Legal Entity
C	226c - 30 Day DHS Notice Mobility		
C	227a - Support Plan 30 Days		
C	227b - Support Plan Content		
C	227c - Support Plan Revision		
C	227d - Support Plan Medical/Dental		
C	227e - Self Administer Medication		
C	227f - Resident Participation		
C	227g -Support Plan Signatures		
C	227h - Support Plan Refuse Sign		
C	227i - Support Plan Accessible		
C	227j - Support Plan Copy		
C	228a - Assistance Relocating		
C	228b - Discharge or Transfer		
C	228c - Closure of Home		
C	228d - Resident to Leave Home		
C	228e - Discharge and Transfer		
C	228h - Grounds Discharge/Transfer		

Resident Records

C	251a - Record for Each Resident
C	251b - Record Entries Legible
C	251c - Standardized Forms
C	251d - Resident Records on Premises
C	251e - Records Availability
C	252 - Record Content
C	253a - Record 3 Years
C	253b - Destroying Records
C	253c - Records Log
C	253d - Records Audit/Litigation
C	254a - Records Discharge/Active
C	254b - Policy and Procedures
C	254c - Records Storing

Secured Dementia Care Units

NA	231b - Medical Evaluation
NA	231c - Preadmission Screening
NA	231e - No Objection Statement
NA	231f - Assessed Annually
NA	231g - Non-Dementia Admission
NA	231h - Resident-Home Contact
NA	232a - Exercise Indoor/Outdoor
NA	232b - Bedroom - 2 Residents
NA	232c - Activity Space
NA	232d - Awareness/Independence
NA	233a - Lock Approval
NA	233b - Lock Manufacturer Statement
NA	233c - Key-Locking Devices

HOME Woodcrest Senior Living	LICENSE #: 442120
LICENSING REPRESENTATIVE(S): Lisa V. Flinner-Alman	DATE: 7/28/2021

ENTRANCE CONF.	START TIME	END TIME
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Administrator: Robin Metzger rmetzger@woodcrest.care 724.887.3773/724.600.4757 cell	Records destroyed: No
Licensed capacity: 55	Pets: Yes - 1 dog 1-cat
Census: 28	Firearms: No
SDCU capacity: N/A	Ombudsman contacted:
SDCU census: N/A	Self-administer meds: 1
SDCU/No diagnosis of dementia: N/A	Insulin-dependent, sliding scale: 3
# out of home/bed hold: 3	Bed rails or enablers: No
SSI: 0	Special diets: Yes - Pureed & Chopped
Age 60+: 28	Transportation: Yes - Car
Mental Health: 1	Financial Assistance: No
Intellectual Disability: 0	Meal times: Breakfast: 7:30 a.m. - Lunch: 12:00 p.m. - Dinner: 5:00p.m.
Mobility Needs: 15	Heat source: 7 - Furnace
Physical Disability: 1	Public water & sewage: Yes
Hearing Impaired staff/res: 0	Reports of abuse: Yes - unfounded
Deaths in the past year: 0	Elevators or stair glide: No
Hospice: 1	Trash pick-up: M & Th
Certificate of occupancy: C2-LP 7/26/95 L&I & I-4 12/1/11 L&I	Smoking (if yes, location): Yes - currently none - only 2 staff
Renovations since last insp.: N/A	County MH/ID contacted:
Waivers: No	



DATE(S) OF INSPECTION:	LICENSE #
7/28/2021	442120
NAME(S) OF INSPECTOR(S):	
Lisa V. Flinner-Alman	
NAME OF LICENSED SETTING:	
Woodcrest Senior Living – Day 1	

	COMMENT
OK	<p>Administrator: Robin Metzger</p> <p>Purpose: Inspection</p> <p>Poisons – 2 unsafe – Gladys Brosh</p> <p>Dorothy – pureed</p> <p>Emergency H2o – letter and on site</p> <p>48 MILES ONE WAY</p> <p>INSPECTION STARTED LATE D/T CONTACTING WRONG PCH ☹️</p> <p>9:00 A.M. – 5:40</p>

DATE(S) OF INSPECTION:	LICENSE #
7/28/2021	442120
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Woodcrest Senior Living – Day 1	

	<p><u>RESIDENT RECORDS</u></p> <p><u>Resident – James Griffin</u> - DOA: 6/8/2021 DOB: 12/28/34</p>
25b	Resident # James Griffin’s contract, dated 6/8/2021, was not signed by the resident. Admin stated that the POA wanted to sign – educated her about indicating refused/unable to sign
25c3	Resident # James Griffin’s contract does not include an explanation of the annual medical evaluation and support plan requirements and procedures. <u>REVIEW THIS</u>
25c5 OK	The contract, dated 6/8/2021, for resident # James Griffin does not indicate the method of payment for charges for long distance telephone calls.
25 OK	The contract, dated 6/8/2021, for resident # James Griffin does not indicate the charges to the resident for holding a bed during an absence from the home.
	REVIEW VERBAGE IN CONTRACT W/SPVR – SAME IN ALL CONTRACTS REVIEWED – ABOVE
225a	The assessment, dated 6/21/2021, for resident # James Griffin does not include the diagnoses of wheezing and nausea/vomiting that are indicated on the medical evaluation, dated 6/13/2021.
225c	<p><u>Resident – Dorothy Wilson</u> – DOA: 1/3/20 DOB: 6/4/26</p> <p>The assessment, dated 1/22/21, for resident # Dorothy Wilson does not include the diagnoses of CHF, cardiomyopathy, asthma, and edema that are indicated on the medical evaluation, dated 1/22/21.</p>



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7/28/2021	442120
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Woodcrest Senior Living – Day 1	

<p>C</p> <p>82e OK</p> <p>82e OK</p> <p>82a</p>	<p>PHYSICAL SITE Men’s common bathroom 114.4</p> <p><u>500 Hallway</u> <u>Staff lounge</u> – unlocked – accessible – unattended</p> <p>On the counter to the right of the sink there was a container of 150 premoistened wipes Clorox Bleach Germicidal Wipes “Call a PCC or doctor for medical advice</p> <p><u>Under the sink</u> - 12 oz spray bottle of Comet Cleaner w/Bleach “If swallowed, drink a glass of water. Call physician immediately.” - 22 fl oz spray bottle of Shout (could not locate warning label on bottle – look up at home</p> <p>100 Hallway Furnace room</p> <p>Spray bottle of Windex – not Windex – clear, faint yellowish liquid w/duct tape on each side of the bottle hand labeled “Mold X”</p>
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DATE(S) OF INSPECTION:	LICENSE #
7/28/2021	442120
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Lisa V. Flinner-Alman	
NAME OF LICENSED SETTING:	
Woodcrest Senior Living – Day 1	

25b	<u>PRELIMINARY EXIT</u> 4:43 p.m. Resident # James Griffin’s contract, dated 6/8/2021, was not signed by the resident.
225a	The assessment, dated 6/21/2021, for resident # James Griffin does not include the diagnoses of wheezing and nausea/vomiting that are indicated on the medical evaluation, dated 6/13/2021.
225c	The assessment, dated 1/22/2021, for resident # Dorothy Wilson does not include the diagnoses of multiple diagnoses including CHF, cardiomyopathy
225c	The assessment, dated 3/29/2021, for resident # Betty Catalina does not include the diagnoses of dementia, and multiple other diagnoses that are indicated on the medical evaluation, dated 3/29/2021.
82a	100 Hallway Furnace room Spray bottle of Windex – not Windex – clear, faint yellowish liquid w/duct tape on each side of the bottle hand labeled “Mold X”
	<u>EXIT</u> No questions or disputes
	Still need to do: Staff records Staffing calcs Kitchen Car 1 st aid kit Meds Interviews Policy & procedures

DATE(S) OF INSPECTION:	LICENSE #
7/29/2021	442120
NAME(S) OF INSPECTOR(S):	
Lisa V. Flinner-Alman	
NAME OF LICENSED SETTING:	
Woodcrest Senior Living – Day 2	

	COMMENT
	<p>Administrator: Robin Metzger</p> <p>Purpose: Inspection 9:00A – 5:25P</p>
10:19 a.m.	<p>The home rules are not included in resident contracts When admin gave this inspector policy & procedure binder – the home rules were in the binder Asked admin why home rules are not included in the resident contract She indicated she didn't know & this is the way it has always been She said her boss is here today and to ask her</p>
Ok per JW	*** REVIEW W/SPVR ***
	<p><u>STAFF RECORDS</u> <u>Staff – Michele High</u> - Aide & Meds - DOH: 6/14/2021</p>
65a Ok	Staff person Michele High, hired 6/14/2021, has not received orientation in any of the required topics in accordance with 2600.65a.
65b Ok	Staff person Michele High, whose first day of work was 6/14/2021, has completed their 40 th scheduled work hour; however, has not received orientation in mandatory reporting of abuse and neglect under the Older Adult Protective Services Act.
65a Ok	Staff person Susan Thomas, hired 3/9/20, has not received orientation in any of the required topics in accordance with 2600.65a.
65b Ok	Staff person Susan Thomas, whose first day of work was 3/9/20, has completed their 40 th scheduled work hour; however, has not received orientation in any of the required topics in accordance with 2600.65b.
OK	<u>CANNOT LOCATE 65A AND 65B – ASK ADMIN</u> <u>ADMIN CANNOT LOCATE TRAINING</u>



DATE(S) OF INSPECTION:	LICENSE #
7/29/2021	442120
NAME(S) OF INSPECTOR(S):	
Lisa V. Flinner-Alman	
NAME OF LICENSED SETTING:	
Woodcrest Senior Living – Day 2	

	<p>On 7/30/2021 – admin indicated she found and provided this inspector with the initial orientation training (65a) for Michelle High & Susan Thomas</p> <p>Later in day – she located 65b</p>
143a	The home's emergency medical plan does not indicate the hospital to be used in an emergency will be the resident's choice if possible.
26a	According to CEO Paula Notarfransisco they have reviewed the quality management plan – they just <u>didn't</u> document
42d Ok per JW	The home rules are in the policy book – however, they were not included in resident contracts or resident handbook.
	Charles Leeper Interview – 2:07 – 2:52p
4:00 p.m.	MEDS Completed with Monica Hunter – PCA/Med Tech
OK	<p>Resident – Betty Catalina According to the 7/2021 MAR – resident is ordered Oxycodone 5mg, take ½ tablet (2.5mg) p.o. q 8h prn for pain The medication was not on the med cart</p> <p>Per Monica – the resident never takes the med – when residents don't take their meds for a long time – the meds get locked up in the admin's office – was located in the admin office</p> <p>According to admin – she contacted resident Betty Catalina's MD and had the med d/c'd and they destroyed the med.</p>

DATE(S) OF INSPECTION:	LICENSE #
7/30/2021	442120
NAME(S) OF INSPECTOR(S):	
Lisa V. Flinner-Alman	
NAME OF LICENSED SETTING:	
Woodcrest Senior Living – Day 3	

	COMMENT
	<p>Administrator: Robin Metzger</p> <p>Purpose: Inspection 9:00A -</p>
184a	<p><u>MEDS</u> Completed meds w/Jobe</p> <p><u>Resident – Dorothy Wilson</u> The resident is ordered Atorvastatin 20mg, 1 tablet daily The label on the bottle (OTC) does not include the resident’s name or instructions.</p> <p>Jobe stuck a label with resident’s handwritten name on it & also placed a direction changed sticker</p>
Ok	<p><u>Resident – Charles Leeper</u> There are holes in the MAR – Jobe indicated the e-mar system is new to the home in the past month & that there are some kinks it they are working out Jobe showed this inspector on the e-mar that the meds had been given.</p> <p>Resident is ordered Novolog Inj Flexpen Accucheck 3 times a day before meals. Inject sub-q per scale: 181 – 200=4 units 201-250=6 units 251-300=8 units 301-350=10 units 351-400=12 units 401-450=14 units >451=CALL MD</p>

DATE(S) OF INSPECTION:	LICENSE #
7/30/2021	442120
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NAME OF LICENSED SETTING:	
Woodcrest Senior Living – Day 3	

187d	The glucometer indicated that on 7/26/2021 at 1:42 p.m., there was a blood sugar reading of 199 and the resident should have been given 4 units of insulin. However, documentation on the MAR indicated the resident had a blood sugar reading of “0” and “0” units of insulin were given. MAR was initialed by Michelle High.
187d	Additionally, the resident is scheduled to receive blood sugar checks and insulin before each meal and lunch is served at 12:00 p.m., however, the glucometer indicates the resident’s blood sugar was taken at 1:42 p.m.
185a	On 7/26/2021 at 7:59 a.m., the glucometer had a reading of 102; however, 101 was indicated on the MAR
185a	On 7/25/2021 at 8:13 a.m., the glucometer had a reading 117, however, 116 was indicated on the MAR.
	When the glucometer was initially turned on, it was calibrated to the correct date & time, however, after the reading following 7/28/2021, the date and time changed to 3/22/2021, 12:05 a.m.
	<u>Resident – James Griffin</u>
184a	Resident is ordered Cetirizine 10mg, 1 tablet by mouth daily. However, the bottle did not include the name of the resident.
185a	According to the July MAR, the resident is ordered QC Enema, insert 1 continue per rectum every day as needed for constipation, however, the medication is not in the med cart.
184a	There was a plastic bag containing 5 Acephen 650mg suppositories, insert one suppository every 4 hours as needed for mild pain or fever ordered for resident James Griffin on the med cart, however, it was not included on the July 2021 MAR.

DATE(S) OF INSPECTION:	LICENSE #
7/30/2021	442120
NAME(S) OF INSPECTOR(S):	
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NAME OF LICENSED SETTING:	
Woodcrest Senior Living – Day 3	

	<p><u>STAFFING</u> 7:00 a.m. – 3:00 p.m. 3:00 p.m. -11:00 p.m. 11:00 p.m. – 7:00 a.m.</p> <p>30-minute lunch Two 10-minute breaks No ancillary duties Home has 2 housekeepers and dietary staff</p>
25b	<p><u>PRELIMINARY EXIT</u> Resident # James Griffin’s contract, dated 6/8/2021, was not signed by the resident.</p>
225a	<p>The assessment, dated 6/21/2021, for resident # James Griffin does not include the diagnoses of wheezing and nausea/vomiting that are indicated on the medical evaluation, dated 6/13/2021.</p>
225c	<p>The assessment, dated 1/22/2021, for resident # Dorothy Wilson does not include the diagnoses of multiple diagnoses including CHF, cardiomyopathy</p> <p><u>Resident – James Griffin</u> Resident is ordered Cetirizine 10mg, 1 tablet by mouth daily. However, the bottle did not include the name of the resident.</p> <p>According to the July MAR, the resident is ordered QC Enema, insert 1 continue per rectum every day as needed for constipation, however, the medication is not in the med cart.</p> <p>There was a plastic bag containing 5 Acephen 650mg suppositories, insert one suppository every 4 hours as needed for mild pain or fever ordered for resident James Griffin on the med cart, however, it was not included on the July 2021 MAR.</p>

DATE(S) OF INSPECTION:	LICENSE #
7/30/2021	442120
NAME(S) OF INSPECTOR(S):	
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NAME OF LICENSED SETTING:	
Woodcrest Senior Living – Day 3	

82a	<u>100 Hallway</u> <u>Furnace room</u> Spray bottle of Windex – not Windex – clear, faint yellowish liquid w/duct tape on each side of the bottle hand labeled “Mold X”
143a	The home’s emergency medical plan does not indicate the hospital to be used in an emergency will be the resident's choice if possible.
26	The home has not conducted a quality management review within the last year.
	Exit 4:00

HOME Woodcrest Senior Living	LICENSE #: 442120
LICENSING REPRESENTATIVE(S): Lisa V. Flinner-Alman	DATE: 7/28/2021
RESIDENT NAME(S)/DOA/DOB: James Griffin - DOA: 6/8/2021 - DOB: 12/28/34 ~ Charles Leeper - DOA: 3/29/2021 - DOB: 3/5/25 ~ Betty Catalina - DOA: 2/25/20 - DOB: 11/7/31 Dorothy Wilson - DOA: 1/3/20 - DOB: 6/4/26	

REG	Resident Initials	J.G. - Mod IM	C.L. - Min M	B.C. - Min M	D.W. - Min M		
		C/V/NA/NM	C/V/NA/NM	C/V/NA/NM	C/V/NA/NM	C/V/NA/NM	C/V/NA/NM
20b1	Financial trans record	N/A	N/A	N/A	N/A		
20b3	Written receipts	N/A	N/A	N/A	N/A		
20b9	Quarterly record keeping	N/A	N/A	N/A	N/A		
25b	Contract signatures	V	C	C	C		
25c	Contract content	V	V	V			
41e	Signed statement (rights)	C	C	C	C		
82c	Safely use/avoid poisons Y/N Room #:	C - Safe	C - Safe	C - Safe	C - Safe		
141a1-10	Medical evaluation/con- tent	C - 6/13/2021	C - 3/23/2021	C - 3/29/2021			
141b1-2	Annual medical evaluation	N/A	N/A	C - 3/10/20	1/22/2021		
161d	Special dietary needs	C - NCS	C - Regular	C - Heart Healthy	C-Mech Soft Thi		
181f	S-A Record of medication	C - Assist remem	C - No	C -store/rem/off	C - No		
191	Resident right to refuse	C	C	C	C		
224a	Preadmission screening form	C - 6/2/21	C - 3/29/2021	C - 1/30/20	C - 1/2/20		
225a	Assessment - 15 days	6/2/21	C - 3/29/2021	C - 3/10/20	C - 1/5/20		
225c	Additional assessment	N/A	N/A	V - 3/29/2021	1/22/2021		
227a	Support plan - 30 days	C - 6/2/21	C - 3/29/2021	C - 3/10/20	C - 1/5/20		
227c	Support plan - revision	N/A	N/A	C - 3/29/2021	1/22/2021		
227d	Support Plan content	C	C	C	C		
227g	Support plan - signatures	C	C	C	C		
227h	Support plan - refusal sign	C	C	C	C		

HOME Woodcrest Senior Living	LICENSE #: 442120
LICENSING REPRESENTATIVE(S): Lisa V. Flinner-Alman	DATE: 7/28/2021
RESIDENT NAME(S)/DOA/DOB: James Griffin - DOA: 6/8/2021 - DOB: 12/28/34 ~ Charles Leeper - DOA: 3/29/2021 - DOB: 3/5/25 ~ Betty Catalina - DOA: 2/25/20 - DOB: 11/7/31 Dorothy Wilson - DOA: 1/3/20 - DOB: 6/4/26	

Resident Initials

J.G. - Mod IM	C.L. - Min M	B.C. - Min M	D.W. - Min M		
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REG

	C/V/NA/NM	C/V/NA/NM	C/V/NA/NM	C/V/NA/NM	C/V/NA/NM	C/V/NA/NM
251b Record entries - legible	C	C	C	C		
251c Standardized forms	C	C	C	C		
252 Records - content	C	C	C	C		

SECURED DEMENTIA CARE UNITS

REG

231b Medical evaluation	N/A	N/A	N/A	N/A		
231c Cognitive preadmission screening	N/A	N/A	N/A	N/A		
231e No objection statement	N/A	N/A	N/A	N/A		
231f Annual assessment need for SDCU	N/A	N/A	N/A	N/A		
234a Admission - support plan	N/A	N/A	N/A	N/A		
234b Support plan - contents	N/A	N/A	N/A	N/A		

HOME Woodcrest Senior Living	LICENSE #: 442120
LICENSING REPRESENTATIVE(S): Lisa V. Flinner-Alman	DATE: 7/28/2021
RESIDENT NAME(S)/DOA/DOB: Charles Leeper ~ Florence Stirvis ~ Lucy Watson	

REG	Resident Initials	C.L.	F.S.	L.W.		
		C/V/NA/NM	C/V/NA/NM	C/V/NA/NM	C/V/NA/NM	C/V/NA/NM
20b2	Access to money	C	C	C		
20b3	Written receipts	C	C	C		
20b10	Access to financial record	C	C	C		
23a	ADL assistance	C	C	C		
23b	IADLs assistance	C	C	C		
24	Personal hygiene	C	C	C		
25h	Service needs available	C	C	C		
41a-b, 42t	Rights/compliant notice	C	C	C		
42a	Specific rights	C	C	C		
42b	Abuse/neglect	C	C	C		
42c	Dignity/respect	C	C	C		
42d	Notice - home rules	C	C	C		
42e	Telephone access	C	C	C		
42f	Mail	C	C	C		
42g	Ombudsman	C	C	C		
42h	Religion	C	C	C		
42i	Health services	C	C	C		
42m	Right - leave/return	C	C	C		
42o	Right to associate in private	C	C	C		
42q	Compensation	C	C	C		

HOME Woodcrest Senior Living	LICENSE #: 442120
LICENSING REPRESENTATIVE(S): Lisa V. Flinner-Alman	DATE: 7/28/2021
RESIDENT NAME(S)/DOA/DOB: Charles Leeper ~ Florence Stirvis ~ Lucy Watson	

REG	Resident Initials	C.L.	F.S.	L.W.			
		C/V/NA/NM	C/V/NA/NM	C/V/NA/NM	C/V/NA/NM	C/V/NA/NM	C/V/NA/NM
42r	Visitation	C	C	C			
42s	Privacy	C	C	C			
42v	Resident - home contract	C	C	C			
42x	Safeguard property - lockbox, etc.	C	C	C			
44a	Compliant procedures: DHS, AAA, DRP	C	C	C			
57a	Direct care staff	C	C	C			
58a	Awake staff - 16 or more	C	C	C			
60a	Staffing/support plan	C	C	C			
101i	Access to bedroom	C	C	C			
132a, 132e-j	Fire drills	C	C	C			
161a-e	Meals/addt'l portions/ special diets	C	C	C			
221a-c	Activities	C	C	C			

HOME Woodcrest Senior Living	LICENSE #: 442120
LICENSING REPRESENTATIVE(S): Lisa V. Flinner-Alman	DATE: 7/28/2021
STAFF NAME(S), TITLE, & DOH: Michele High - Aide & Meds - DOH: 6/14/2021 ~ Susan Thomas - Aide & Meds - DOH: 3/9/20 ~ Esther Hartzler - Cook/Dietary Aide - DOH: 1/11/18	

REG	Staff Initials	M.H.	S.T.	E.H.		
		C/V/NA/NM	C/V/NA/NM	C/V/NA/NM	C/V/NA/NM	C/V/NA/NM
51, 52	Criminal background check	C - 6/2/2021	C -3/3/20	C - 1/17/18		
54ab	Direct care staff qualifications & 18+ years old	C - CNA	C - Nursing Assist	N/A - Argentina		
54c	Volunteers qualifications	N/A	N/A	N/A		
63a	Current CPR/FA training	N/M - CNA	C - Exp: 8/2022	C - Exp: 8/2022		
65a	DC orientation - 1st day	C	C	C - 1/11/18		
1.	Evacuation procedures	C	C	C - 1/11/18		
2.	Staff duties & responsibilities - fire drills	C	C	C - 1/11/18		
3.	Designated meeting place outside/interior fire safe area	C	C	C - 1/11/18		
4.	Smoking safety procedures/ policy	C	C	C - 1/11/18		
5.	Location & use of fire extinguishers	C	C	C - 1/11/18		
6.	Smoke detectors & fire alarms	C	C	C - 1/11/18		
7.	Telephone use and notification of emergency services	C	C	C - 1/11/18		
65b	Rights/abuse 40 hours	C	C	C - 1/11/18		
1.	Resident rights	C	C	C - 1/11/18		
2.	Emergency medical plan	C	C	C - 1/11/18		
3.	Mandatory reporting of abuse - OAPSA	C	C	C - 1/11/18		
4.	Reporting reportable incidents and conditions	C	C	C - 1/11/18		
65c	Ancillary staff orientation	C	C	C		
65d	Initial direct care training	C	C	N/A		
1.	Demonstration of job duties	C	C	N/A		
2.	Direct care training course & pass test	C - 6/17/2021	C - 3/9/20	N/A		

HOME Woodcrest Senior Living	LICENSE #: 442120
LICENSING REPRESENTATIVE(S): Lisa V. Flinner-Alman	DATE: 7/28/2021
STAFF NAME(S), TITLE, & DOH: Michele High - Aide & Meds - DOH: 6/14/2021 ~ Susan Thomas - Aide & Meds - DOH: 3/9/20 ~ Esther Hartzler - Cook/Dietary Aide - DOH: 1/11/18	

	Staff Initials					
REG	M.H.	S.T.	E.H.			
	C/V/NA/NM	C/V/NA/NM	C/V/NA/NM	C/V/NA/NM	C/V/NA/NM	C/V/NA/NM
3. Initial direct care – i-xvi	C	C	N/A			
65e 12 hours annual training	N/A	N/M - suspended	N/A			
65f Training topics	N/A	N/M - regs	N/A			
1. Medication self-administration	N/A	C - 10/28/20	N/A			
2. Instruction on meeting the needs (DME & RASP)	N/A	C - 6/1/20	N/A			
3. Care for residents w/dementia & cognitive impair.	N/A	C - 8/1/20	N/A			
4. Infection control/cleanliness/immobility concerns	N/A	C - 3/23/2021	N/A			
5. Personal care service needs of the resident	N/A	C - 10/28/20	N/A			
6. Safe management techniques	N/A	-----	N/A			
7. Care for residents with MH or ID, if served	N/A	C - 9/3/20	N/A			
65g Annual training content	N/A	Suspended	Suspended			
1. Fire safety by a fire safety expert or staff trained by FSE	N/A	-----	N/M			
2. Emergency preparedness procedures	N/A	C - 1/25/2021	N/M			
3. Resident rights	N/A	C - 5/20/20	N/M			
4. Older Adult Protective Services Act (OAPSA)	N/A	C - 3/23/2021	N/M			
5. Falls and accident prevention	N/A	C - 7/28/20	N/M			
6. New population groups (if applicable)	N/A	C - Covid	N/M			
65i Record of training: Name, date, source, content, length	C	C	N/M			
190a Medication administration training	C		N/A			
190b Diabetic education w/in 12 months	N/A	C - 8/13/20	N/A			
190c Records kept	C	C	C			
236 SDCU training in dementia care	N/A	N/A	N/A			

HOME Woodcrest Senior Living	LICENSE #: 442120
LICENSING REPRESENTATIVE(S): Lisa V. Flinner-Alman	DATE: 7/28/2021
STAFF NAME(S), TITLE, & DOH: STAFF INTERVIEWS Diana Kasiewicz – Housekeeper - DOH: 3/17 ~ Jobe Guess - LPN - DOH: 10/24/18 ~ Monica Hunter - PCA/Med Tech	

	Staff Initials	D.K.	J.G.	M.H.		
REG		C/V/NA/NM	C/V/NA/NM	C/V/NA/NM	C/V/NA/NM	C/V/NA/NM
42b/42c Abuse/Dignity & Respect		C	C	C		
42e Telephone access		C	C	C		
42f Mail		C	C	C		
42h Freedom to practice religion of choice		C	C	C		
42j Clothing assistance		C	C	C		
42m Right leave/return		C	C	C		
42o Right to associate in private		C	C	C		
42q Residents compensation for work		C	C	C		
42t File complaints		C	C	C		
56 Administrator 20 hours		C	C	C		
58a-b Awake staff		C	C	C		
60a/60c Staffing/support plan/housekeeping		C	C	C		
90b Staff communication (9+ res.)		C - cell phones	C	C		
96a-b Location of first aid kit		C - laundry room	C	C		
105d Linens - available, changed		C - 1x wk & prn	C	C		
127-128 Space heaters, kerosene heaters		C - no	C	C		
132a/132d-j Fire drills		C - yes	C	C		
161a-c Meals/addt'l portions/alternatives		C	C	C		
161d Special diets		C	C	C		
161e Dietary Alternatives		C	C	C		

HOME Woodcrest Senior Living	LICENSE #: 442120
LICENSING REPRESENTATIVE(S): Lisa V. Flinner-Alman	DATE: 7/28/2021
STAFF NAME(S), TITLE, & DOH: STAFF INTERVIEWS Diana Kasiewicz – Housekeeper - DOH: 3/17 ~ Jobe Guess - LPN - DOH: 10/24/18 ~ Monica Hunter - PCA/Med Tech	

Staff Initials	D.K.	J.G.	M.H.			
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REG		C/V/NA/NM	C/V/NA/NM	C/V/NA/NM	C/V/NA/NM	C/V/NA/NM	C/V/NA/NM
163a-d	Food service workers' hygiene	C	C	C			
162e	Menu changes posted	C	C	C			
183f	Medications destroyed	N/A	C	C			
187b	Meds documented at time of admin.	N/A	C	C			
201-202	Positive interventions/ no restraints	C	C	C			
227i	Support plan accessible	C	C	C			

HOME Woodcrest Senior Living	LICENSE #: 442120
LICENSING REPRESENTATIVE(S): Lisa V. Flinner-Alman	DATE: 7/28/2021
ADMINISTRATOR NAME & DOH: Robin Metzger - DOH: 1/2/07	

REG	C/V/NA/NM	REG	ADMINISTRATOR INTERVIEW	C/V/NA/NM
51, 52	C	14	Remodeling/additions	C
53a - b	C - Diploma	20b5	Commingleing funds	N/A
56	C	20b7	POA for any residents	C
63b	C - exp: 8/22	29b1-11	Hospice fire drill	N/M- suspen
64a1	C - 10/16/13	41a-b	Rights/Complaint notice	C
64a2	C - 10/31/13	42h	Religion	C
64a3	C - 10/22/13	42i	Health services assistance	C
64c	18	44a-f	Complaint rights	C
64f	C	58a	Awake staff	C
		61	Substitute coverage	C
		90b	Staff communication	C
		231g	SDCU/No diagnosis of dementia	N/A

COMMENTS:
Diabetic Training: 8/13/20

HOME Woodcrest Senior Living	LICENSE #: 442120
LICENSING REPRESENTATIVE(S): Lisa V. Flinger-Alman	DATE: 7/28/2021

	DAY 1	DAY 2	DAY 3
Date:	7/4/21	7/17/21	7/25/21

LINE

1 Number of residents in home:	25	25	25
2 Number of residents with mobility needs:	13	13	13
3 Additional daily hours required by support plans:	0	0	0
4 Add lines 1, 2, and 3 Total personal care services hours needed daily	38	38	38
5 Multiply line 4 by .75 Total personal care service hours required during waking hours	28.5	28.5	28.5
6 Total direct care staff person hours scheduled:	44.0	44.0	44.0
7 Hours spent on lunch/breaks:	4.0	4.0	4.0
8 Hours spent on ancillary duties:	0	0	0
9 Total hours provided - 24 hours: (Subtract lines 7 and 8 from line 6)	40.0	40.0	40.0
10 Total hours provided - Waking hours:	29.0	29.0	29.0

CALCULATIONS/COMMENTS:

HOME Woodcrest Senior Living	LICENSE #: 442120
LICENSING REPRESENTATIVE(S): Lisa V. Flinner-Alman	DATE: 7/28/2021

ROOM NUMBER	513	509	402	111		
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REG	C/V/NA/NM	C/V/NA/NM	C/V/NA/NM	C/V/NA/NM	C/V/NA/NM	C/V/NA/NM
85b Sanitary conditions/infestation	C	C	C	C		
101a Bedroom - square footage	C	C	C	C		
101b Shared bedroom - square footage	C	C	C	C		
101c Bedroom - mobility need sq. footage	C	C	C	C		
101d Four residents per bedroom	C	C	C	C		
101e Ceiling height - 7 ft.	C	C	C	C		
101f Bedroom window	C	C	C	C		
101g Bedroom - resident use only	C	C	C	C		
101h Bedroom - no passage	C	C	C	C		
101i Access to bedroom	C	C	C	C		
101j1 Bed/Mattress - fire retardant	C	C	C	C		
101j2 Bedroom - chairs	C	C	C	C		
101j3 Bed linens/pillows/blankets	C	C	C	C		
101j4 Bedroom - storage area	C	C	C	C		
101j5 Bedside table/shelf	C	C	C	C		
101j6 Mirror	C	C	C	C		
101j7 Lighting/operable lamp	C	C	C	C		
101m Bedroom emergency exit	C	C	C	C		
101n Bedroom - opposite sex	C	C	C	C		
101o Walls, floors & ceilings	C	C	C	C		
101p Bedroom - doors	C	C		C		
101q Storage space (dry, protected)	C	C	C	C		
101r Bedroom shades/drapes/window coverings	C	C	C	C		

HOME Woodcrest Senior Living	LICENSE #: 442120
LICENSING REPRESENTATIVE(S): Lisa V. Flinner-Alman	DATE: 7/28/2021

Bathroom location	Men's common	BR #513	Women commo			
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REG	C/V/NA/NM	C/V/NA/NM	C/V/NA/NM	C/V/NA/NM	C/V/NA/NM	C/V/NA/NM
82c Poisonous materials locked	C	C	C			
85a Sanitary conditions & method of hand-drying	C	C	C			
86b Bathroom window or exhaust fan	C	C	C			
89a Hot and cold water pressure	C	C	C			
89b Hot water temp not exceeding 120°F	C - 114.4	C - 112.2	C			
95 Furniture and equipment no hazards	C	C	C			
102a Toilet - 6 users	C	C	C			
102b Bath sinks/mirrors - 6 users	C	C	C			
102c Tub/shower - 10 users	C	C	C			
102m Tub/shower - 15 users if Licensed before 10/24/2005	C	C	C			
102d1 Grab/hand/assist bars	C	C	C			
102d2 Slip-resistant surfaces	C	C	C			
102e Privacy - doors/partitions	C	C	C			
102f Towel/washcloth/soap	C	C	C			
102g Ind toiletry items available (not SSI)	C	C	C			
27d1 SSI - personal hygiene items provided	C	C	C			
102h Toilet paper	C	C	C			
102i Soap dispenser/bar soap labeled	C	C	C			
102j Towels/washcloths access	C	C	C			
102l Shelves/hooks	C	C	C			

HOME Woodcrest Senior Living	LICENSE #: 442120
LICENSING REPRESENTATIVE(S): Lisa V. Flinner-Alman	DATE: 7/28/2021

REG		C/V/NA/NM	COMMENTS
3c	Current license/LIS/regulation book	C	
18	Influenza awareness poster; smoking or non-smoking signs	C	
19e	Waivers (if applicable)	N/A	
41c	Resident rights	C	
42s	Signs indicating video recording	N/A	
44g	Phone numbers: Regional office, ombudsman/PS, police, DRP, complaint hotline	C	
91	Phone numbers: Hospital, police, fire, emergency mgt., complaint hotline, poison	C	
123b	Emergency procedures - home & muni.	C	
123c	Evacuation diagram (≥9 residents)	C	
133 1-3	Exit signs (≥9 residents) direction, size	C	
162c	Menus - posted	C	
162e	Menu changes	C	
221c	Post activity calendar	C	

REG	<u>SECURED DEMENTIA CARE UNITS</u>	C/V/NA/NM	COMMENTS
233c	Key-locking devices - instructions	N/A	

HOME Woodcrest Senior Living	LICENSE #: 442120
LICENSING REPRESENTATIVE(S): Lisa V. Flinner-Alman	DATE: 7/28/2021

REG		C/V/NA/NM	COMMENTS
16b	Reportable incidents & conditions	C	
26a-c	Quality management plan	V	NEED TO SEE REVIEW
42d	Home rules	C	
42r	Visiting hours	C	24 HOURS
66a-c	Staff training plan	C	
106	Swimming pool	N/A	
107b	Written emergency procedures	C	
108(5)	Firearms & weapons	C	
109a	Pets	C	
130h	Inoperable smoke detectors	C	
143a	Emergency medical plan	V	DOES NOT INDICATE HOSPITAL WILL BE RESIDENT'S CHOICE
144b-c	Smoking	C	
185a-b	Medications	V	
223a-b	Description of services	C	
254b	Resident record storage, security, accessibility	C	

REG	<u>SECURED DEMENTIA CARE UNITS</u>	C/V/NA/NM	COMMENTS
232d	Description of measures to enhance environmental awareness	N/A	
233a	Locking device: Building authority approval	N/A	
233b	Locking device - Manufacturer's statement - unlock in emergency	N/A	



DATE(S) OF INSPECTION:	LICENSE #
/2021	
NAME(S) OF INSPECTOR(S):	
Lisa V. Flinner-Alman	
NAME OF LICENSED SETTING:	

	COMMENT	
	<p><u>STAFFING</u> 7:00 a.m. – 3:00 p.m. 3:00 p.m. -11:00 p.m. 11:00 p.m. – 7:00 a.m.</p> <p>30-minute lunch Two 10-minute breaks No ancillary duties Home has 2 housekeepers and dietary staff</p>	
<p><u>7/4/21</u> 7:00 a.m. – 3:00 p.m. 3:00 p.m. – 11:00 p.m. 11:00 p.m. – 7:00 a.m.</p>	<p><u>STAFFING CALCS</u></p> <p>Bobbie Sue – 8.0 – 40 minutes = 7 hours 20 minutes 24h – 44 total hours Brittany – 8.0 – 40 minutes = 7 hours 20 minutes Waking – 29 hours 10 minutes</p> <p>Monica – 8.0 – 40 minutes = 7 hours 20 minutes Sue – 8.0 – 40 minutes = 7 hours 20 minutes</p> <p>Debbie – 8.0 – 40 minutes = 7 hours 20 minutes Karen – 8.0 – 40 minutes = 7 hours 20 minutes</p>	
<p><u>7/17/21</u> 7:00 a.m. – 3:00 p.m. 3:00 p.m. – 11:00 p.m. 11:00 p.m. – 7:00 a.m.</p>	<p>Bobbie Sue – 8.0 – 40 minutes = 7 hours 20 minutes 24h – 44 total hours Michele – 8.0 – 40 minutes = 7 hours 20 minutes Waking – 29 hours 10 minutes</p> <p>Megan – 8.0 – 40 minutes = 7 hours 20 minutes Sue – 8.0 – 40 minutes = 7 hours 20 minutes</p> <p>Joan – 8.0 – 40 minutes = 7 hours 20 minutes Kim – 8.0 – 40 minutes = 7 hours 20 minutes</p>	

DATE(S) OF INSPECTION:	LICENSE #
/2021	
NAME(S) OF INSPECTOR(S):	
Lisa V. Flinner-Alman	
NAME OF LICENSED SETTING:	

<p><u>7/25/21</u> 7:00 a.m. – 3:00 p.m.</p> <p>3:00 p.m. – 11:00 p.m.</p> <p>11:00 p.m. – 7:00 a.m.</p>	<p>Brittany – 8.0 – 40 minutes = 7 hours 20 minutes Michele – 8.0 – 40 minutes = 7 hours 20 minutes</p> <p>Monica – 8.0 – 40 minutes = 7 hours 20 minutes Sue – 8.0 – 40 minutes = 7 hours 20 minutes</p> <p>Tammy – 8.0 – 40 minutes = 7 hours 20 minutes Debbie – 8.0 – 40 minutes = 7 hours 20 minutes</p> <p>44 total hours – 24-hour period Waking – 29 hours 10 minutes</p>
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**Department of Human Services
Bureau of Human Service Licensing**

September 14, 2021

ROBIN L. METZGER, EXECUTIVE DIRECTOR
GROVE MANOR
1 WOODCREST CIRCLE
SCOTTDALE, PA 15683

RE: WOODCREST SENIOR LIVING
COMMUNITY
1 WOODCREST CIRCLE
SCOTTDALE, PA, 15683
LICENSE/COC#: 44212

Dear Ms. Metzger,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 07/28/2021, 07/29/2021, 07/30/2021 of the above facility, areas of non-compliance with applicable regulations were found. The noncompliant areas and specific regulation references are set forth in the enclosed Licensing Inspection Summary (LIS).

You must submit an acceptable plan to correct noncompliant items pursuant to 55 Pa. Code § 20.52 (relating to plan of correction). You should begin to implement your plan immediately upon submission. The Department will notify you whether your plan is acceptable or not acceptable and needs to be changed.

Return the LIS and completed Plan of Correction by 09/24/2021. Send supporting documentation to verify compliance of any non-compliance area that has been corrected. Failure to submit an acceptable Plan of Correction may result in further licensing action including but not limited to license revocation or nonrenewal. Continued compliance with 55 PA Code Ch. 2600 (Personal Care Home) regulations must be maintained.

Submit the Plan of Correction electronically or mail by **09/24/2021** to:

Pennsylvania Bureau of Human Service Licensing
11 Stanwix Street
Room 230
Pittsburgh, PA, 15222

If you need assistance writing your plan of correction, please refer to online training available at <http://services.dpw.state.pa.us/DPC-Provider-Training/index.html> (<http://services.dpw.state.pa.us/DPC-Provider-Training/index.html>) or contact me at 412-720-6353 or email jwenzig@pa.gov

Sincerely,
Janine Wenzig

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing



This tracking form does **not** replace the Licensing Scoresheet, comment sheet, and other inspection worksheets. Supervisor will sign Supervisor Review block after review of the inspection packet and tracking sheet is complete.

SUPERVISOR REVIEW:	
<i>Jane Palusz</i>	9/13/21
SIGNATURE	DATE

NAME OF FACILITY: Woodcrest Senior Living	
HSLR NAME(S): Lisa V. Flinner-Alman	
DATE(S) OF INSPECTION: 7/27, 7/28, 7/30/2021	LICENSE NUMBER: 442120

PRIOR TO ON-SITE INSPECTION	DATE	INITIALS
Review any documentation maintained in the setting's file that relates to regulatory compliance.	2/27/2021	lvfa
<input checked="" type="checkbox"/> Review the findings from all inspections completed between the previous renewal inspection and date of review. <input checked="" type="checkbox"/> Review all reportable incidents submitted by the setting since the last renewal inspection. <input checked="" type="checkbox"/> Determine whether the setting has any waivers of regulations. <input type="checkbox"/> Obtain a copy of the current Certificate of Occupancy.		

DURING ON-SITE INSPECTION	START/END TIME	INITIALS
Notifications to Ombudsman and/or county MH/ID (if applicable)	10:45a	lvfa
ENTRANCE CONFERENCE	9:35a/10:39a	lvfa

<input checked="" type="checkbox"/> Introduce the entire inspection team. <input checked="" type="checkbox"/> State the purpose of the inspection. <input checked="" type="checkbox"/> Explain the inspection process. <input checked="" type="checkbox"/> Identify the person in charge. <input checked="" type="checkbox"/> Provide an outline of the plan to complete the inspection. <input checked="" type="checkbox"/> Identify appropriate individuals to contact throughout the inspection. <input checked="" type="checkbox"/> Request private work space.		
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INITIAL WALK-THROUGH (if applicable)		
<input type="checkbox"/> Conduct a brief physical site inspection after the entrance conference. <input type="checkbox"/> Check for blocked egresses, unlocked medications, and other safety concerns. <input type="checkbox"/> Identify residents who are able to be interviewed or have special needs. <input type="checkbox"/> Observe and document quality of care and quality of life concerns.		

PHYSICAL SITE	9:30a/5:20p	lvfa
<input checked="" type="checkbox"/> All areas of the facility will be inspected on renewal inspections (poisons and safety hazards). <input checked="" type="checkbox"/> Locked door/obstructed egress <input checked="" type="checkbox"/> First aid kit <input checked="" type="checkbox"/> Observe sampled residents' bedrooms. <input checked="" type="checkbox"/> Observe food storage, preparation, and meal service. <input checked="" type="checkbox"/> Water heater/furnace check <input checked="" type="checkbox"/> Water temperature		

MEDICATION ADMINISTRATION REVIEW	4:00p/3:30p	lvfa
<input checked="" type="checkbox"/> Review medications and prescriber's orders for sample residents, and compare medications on hand with MAR. <input checked="" type="checkbox"/> Glucometer monitoring if more than one resident uses glucometer. <input checked="" type="checkbox"/> Observe medication access and storage. <input checked="" type="checkbox"/> Narcotic count		

MEDICATION PASS OBSERVATION	2:03p/207p	lvfa
OBSERVE MEAL TIME	12:08p/12:15p	lvfa

<input checked="" type="checkbox"/> Special diets followed <input checked="" type="checkbox"/> Supervision and other meal time needs met <input checked="" type="checkbox"/> Staff/resident interactions		
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STAFFING	3:00p/3:45p	lvfa
<input checked="" type="checkbox"/> Schedule review <input checked="" type="checkbox"/> Select sample days (at least 3, include weekends)		



DURING ON-SITE INSPECTION (continued)	START/END TIME	INITIALS
RECORD, POLICY, AND PROCEDURE REVIEW	10:00a/3:40p	lvfa
<input checked="" type="checkbox"/> Staff records <input checked="" type="checkbox"/> Resident records <input checked="" type="checkbox"/> Policies, procedures, and other documents (fire safety, furnace documents, elevator certificate, etc.)		
RESIDENT INTERVIEWS	2:07p/3:45p	lvfa
<input checked="" type="checkbox"/> Review assessments and support plans prior to interviews. <input checked="" type="checkbox"/> Evaluate if the record of each resident's care needs accurately corresponds with each resident's presentation. <input checked="" type="checkbox"/> Interview adequate sample. <input checked="" type="checkbox"/> Interview residents in private. <input checked="" type="checkbox"/> Ask questions regarding care needs, resident rights, how the licensed setting is meeting their needs, and fire drills. <input checked="" type="checkbox"/> Measure compliance with other regulations designated on score sheet. <input checked="" type="checkbox"/> Evaluate implementation of assessments and support plans.		
STAFF INTERVIEWS	9:10a/3:05p	lvfa
<input checked="" type="checkbox"/> Interview adequate sample. <input checked="" type="checkbox"/> Conduct interviews with the management, direct care, and ancillary staff in private. <input checked="" type="checkbox"/> Verify the accuracy of residents' assessment-support plans and whether residents' care needs are appropriately met. <input checked="" type="checkbox"/> Determine whether residents' rights are properly protected. <input checked="" type="checkbox"/> Determine if staff are knowledgeable about the needs of residents as indicated in assessments and support plans. <input checked="" type="checkbox"/> Measure compliance with regulations designated on worksheets.		
PRE-EXIT MEETING	3:00p/3:45p	lvfa
<input checked="" type="checkbox"/> Review regulations/score sheets to ensure compliance was adequately measured. <input checked="" type="checkbox"/> Review comment sheets to ensure sufficient evidence was gathered. <input checked="" type="checkbox"/> Confer and agree on preliminary findings. <input checked="" type="checkbox"/> Ensure that at least two inspectors observe any serious regulatory violations.		
EXIT CONFERENCE	4:00p/4:30p	lvfa
<input checked="" type="checkbox"/> Review each preliminary violation found. <input checked="" type="checkbox"/> Ask provider if they have any questions about the inspection process or regulations. <input checked="" type="checkbox"/> Provide forms, technical assistance materials, and other documents to assist with compliance. <input checked="" type="checkbox"/> Explain the next steps of the licensing process. <input checked="" type="checkbox"/> Provide the facility the name of the lead inspector's supervisor. <input checked="" type="checkbox"/> Explain the process for developing an acceptable plan of correction.		
POST INSPECTION (to be completed by the licensing representative)	DATE	INITIALS
Transmit the first draft of the LIS to the first-line supervisor or RD within eight business days of the last day of inspection.	9/10/21	lvfa
POST INSPECTION (to be completed by the supervisor who is reviewing the inspection packet)	DATE	INITIALS
Approval of the final LIS by supervisory reviewer within five business days of the receipt of the draft LIS.		
Transmission of LIS to setting within two business days of approval of final LIS.		
Receive Plan of Correction		
Approve Plan of Correction		
Renewal inspection packet sent to Harrisburg.		