

Department of Human Services
Bureau of Human Service Licensing

August 27, 2021

██████████ ADMINISTRATOR
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 ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 08/04/2021 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: *412-469-3330* 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: *61* Working Staff: *46*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *08/04/2021*

Inspection Dates and Department Representative

08/04/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *84* Residents Served: *46*

Secured Dementia Care Unit

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

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *46*
Diagnosed with Mental Illness: *12* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *15* Have Physical Disability: *1*

Inspections / Reviews

08/04/2021 Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/19/2021*

Inspections / Reviews *(continued)*

8/17/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *08/23/2021*

8/27/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *09/05/2021*

16c - Written Incident Report

1. Requirements

2600.

- 16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED] at approximately [REDACTED] resident #1 was returning from a medial appointment in the home's van when the resident fell to the right, while still in the wheelchair, hitting [REDACTED] head off the van floor. The resident was found with a bump on [REDACTED] head, as well as a laceration, which resulted in a small pool of blood under [REDACTED] head. Resident #1 was taken by ambulance to the hospital, where the resident passed away on resident #1's date of death. According to the resident's death certificate, the resident passed away from "blunt force trauma to the head, fall inside transport van". This incident for hospital treatment was not reported to the Department until 7/26/21 at 3:19pm. Also, the incident was reported to the Department's Headquarter's office and was not sent to the Department's regional office.

Plan of Correction

Accept

All staff educated on regulation 16c on 8/3/21. See attached documentation per prior plan of correction.

All staff will be re-educated by 8/18/21.

Director of Nursing will review all internal incidents reports daily to ensure all reportable incidents and conditions indicated in 16a are reported to the department within 24 hours.

Administrator will monitor all reportable incidents monthly to ensure we are reporting incidents timely and correctly.

Completion Date: 08/16/2021

42b - Abuse

1. Requirements

2600.

- 42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED] at approximately [REDACTED] resident #1 was returning from a medial appointment in the home's van, which was driven by staff person A, when the van hit a bump in the home's parking lot. The resident fell to the right, while still in the wheelchair, hitting [REDACTED] head off the van floor. The resident was found with a bump on [REDACTED] head, as well as a laceration, which resulted in a small pool of blood under [REDACTED] head. Staff person A secured the resident's wheelchair to the van floor using only the 2 right buckles, and failed to properly secure the wheelchair with the other 2 left buckles. Resident #1 was taken by ambulance to the hospital, where the resident passed away on resident #1's date of death. According to the resident's death certificate, the resident passed away from "blunt force trauma to the head, fall inside transport van".

42b - Abuse (continued)

Plan of Correction**Directed**

All staff will be educated on regulation 42b by 8/20/21. Documentation will be kept.

All van appointments were stopped as of [REDACTED] until Van Driver was properly re-trained on how to secure a residents wheelchair into the van. (DIRECTED: Documentation of the training shall be kept in accordance with 2600.65i. LM 8/23/21)

Activities Director will monitor van appointment runs daily for a month and then weekly after to ensure anyone utilizing a wheelchair is being secured in the wheelchair van correctly starting 8/23/21. Documentation will be kept.

DIRECTED: Within 5 days of receipt of the plan of correction: A designated staff person shall develop and implement a training plan to be used for any staff person who transports residents. The training plan shall include procedures for securing all residents into vehicles, which includes ensuring wheelchairs are secured to the vehicle using all 4 buckles and all required seatbelts. The training shall include an in-person demonstration by a qualified staff person on how to properly secure residents into vehicles, which includes ensuring wheelchairs are secured to the vehicle using all 4 buckles and all required seatbelts. The training shall be completed prior to any staff person transporting residents. Documentation of the training plan shall be kept. Documentation of all staff persons trained shall be kept in accordance with 2600.65i. LM 8/23/21

Completion Date: 08/18/2021

65a - FS Orientation 1st Day

1. Requirements

2600.

- 65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
1. Evacuation procedures.
 2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
 3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
 4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
 5. The location and use of fire extinguishers.
 6. Smoke detectors and fire alarms.
 7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was [REDACTED], did not receive orientation in general fire safety and emergency preparedness specified in 2600.65a.

65a - FS Orientation 1st Day (continued)

Plan of Correction**Directed**

All staff was educated on regulation 65a on 8/3/21. See attached documentation per prior plan of correction.

Staff person A did receive orientation prior to his first day of work. See attached documentation.

Human Resources completed a file audit on 8/6/21. See attached documentation.

Creating a new hire checklist to ensure all new hires receive fire safety orientation prior to or during first day of work and Human Resources will be educated on new checklist. (DIRECTED: The new hire checklist shall be implemented within 5 days of receipt of the plan of correction. Documentation of the new hire checklist shall be maintained in accordance with 2600.65i, and kept in each staff person's record. All staff persons involved in the hiring process shall be educated on the new checklist within 10 days of receipt of the plan of correction. Documentation of the education shall be kept in accordance with 2600.65i. LM 8/23/21)

Administrator to monitor all new hire files monthly to ensure compliance starting September. Documentation will be kept.

Completion Date: 08/18/2021

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A, whose first day of work was [REDACTED], did not receive orientation on the topics specified in 2600.65b.

Plan of Correction**Directed**

All staff was educated on regulation 65b on 8/3/21. See attached documentation per prior plan of correction.

Staff person A did receive orientation prior to his first day of work. See attached documentation.

Human Resources completed a file audit on 8/6/21. See attached documentation.

Creating a new hire checklist to ensure all new hires receive Rights/Abuse training within the first 40 hours they work and Human Resources will be educated on new checklist. (DIRECTED: The new hire checklist shall be implemented within 5 days of receipt of the plan of correction. Documentation of the new hire checklist shall be maintained in accordance with 2600.65i, and kept in each staff person's record. All staff persons involved in the hiring process shall be educated on the new checklist within 10 days of receipt of the plan of correction. Documentation of the education shall be kept in accordance with 2600.65i. LM 8/23/21)

Administrator to monitor all new hire files monthly to ensure compliance starting September. Documentation will be kept.

Completion Date: 08/18/2021

65c - Ancillary Staff Orientation

1. Requirements

2600.

65.c. Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

Description of Violation

Staff person A, whose first day of work was [REDACTED], did not receive training on how to properly secure a wheelchair into the facility's van used for transportation. Staff person A was trained by the former van driver to secure wheelchairs to the home's van by only using 2 straps per wheelchair. On [REDACTED] at approximately 10:00 am, resident #1 was returning from a medial appointment in the home's van, which was driven by staff person A. Staff person A secured the resident's wheelchair to the van floor using only the 2 right buckles and failed to properly secure the wheelchair with the other 2 left buckles. Staff person A hit a bump in the home's parking lot causing the resident to fall to the right, while still in the wheelchair, hitting [REDACTED] head off the van floor. The resident was found with a bump on [REDACTED] head, as well as a laceration, which resulted in a small pool of blood under [REDACTED] head. Resident #1 was taken by ambulance to the hospital, where the resident passed away on resident #1's date of death. According to the resident's death certificate, the resident passed away from blunt force trauma to the head, fall inside transport van. After the incident occurred on [REDACTED], staff person A was re-trained on how to properly secure wheelchairs to the home's van, using all 4 buckles.

Plan of Correction**Directed**

Current van driver was re-educated on 7/27/21. See attached documents.

All van appointments were stopped on [REDACTED] until van driver was re-trained on 7/27/21.

All staff trained to drive the van as back-up will be re-educated on how to properly secure a wheelchair in the van by 8/26/21.

Creating a new hire checklist to ensure all new hires receive general orientation specific to their job as it relates to their position prior to working and Human Resources will be educated on new checklist. (DIRECTED: The new hire checklist shall be implemented within 5 days of receipt of the plan of correction. Documentation of the new hire checklist shall be maintained in accordance with 2600.65i, and kept in each staff person's record. All staff persons involved in the hiring process shall be educated on the new checklist within 10 days of receipt of the plan of correction. Documentation of the education shall be kept in accordance with 2600.65i. LM 8/23/21)

Administrator to monitor all new hire files monthly to ensure compliance starting September. Documentation will be kept.

DIRECTED: Within 5 days of receipt of the plan of correction: A designated staff person shall develop and implement a training plan to be used for any staff person who transports residents. The training plan shall include procedures for securing all residents into vehicles, which includes ensuring wheelchairs are secured to the vehicle using all 4 buckles and all required seatbelts. The training shall include an in-person demonstration by a qualified staff person on how to properly secure residents into vehicles, which includes ensuring wheelchairs are secured to the vehicle using all 4 buckles and all required seatbelts. The training shall be completed prior to any staff person transporting residents. Documentation of the training plan shall be kept. Documentation of all staff persons trained shall be kept in accordance with 2600.65i. LM 8/23/21

Completion Date: 08/18/2021

65i - Training Record

1. Requirements

2600.

- 65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

Staff person A's orientation record does not include the source, date, content or length of each course. The orientation record was signed by staff person A on 7/7/21.

Staff person A was re-trained on his job duties; however, the training record does not include the date of the training.

Plan of Correction**Directed**

See attached training documents, the re-training that was completed and was done on 7/27/21.

All staff trained to drive the van as back-up will be re-educated on how to properly secure a wheelchair in the van by 8/26/21. (DIRECTED: Within 5 days of receipt of the plan of correction: A designated staff person shall develop and implement a training plan to be used for any staff person who transports residents. The training plan shall include procedures for securing all residents into vehicles, which includes ensuring wheelchairs are secured to the vehicle using all 4 buckles and all required seatbelts. The training shall include an in-person demonstration by a qualified staff person on how to properly secure residents into vehicles, which includes ensuring wheelchairs are secured to the vehicle using all 4 buckles and all required seatbelts. The training shall be completed prior to any staff person transporting residents. Documentation of the training plan shall be kept. Documentation of all staff persons trained shall be kept in accordance with 2600.65i. LM 8/23/21)

Creating a new hire checklist to ensure all new hires receive general orientation specific to their job as it relates to their position prior to working and Human Resources will be educated on new checklist. (DIRECTED: The new hire checklist shall be implemented within 5 days of receipt of the plan of correction. Documentation of the new hire checklist shall be maintained in accordance with 2600.65i, and kept in each staff person's record. All staff persons involved in the hiring process shall be educated on the new checklist within 10 days of receipt of the plan of correction. Documentation of the education shall be kept in accordance with 2600.65i. LM 8/23/21)

Administrator to monitor all new hire files monthly to ensure compliance starting September. Documentation will be kept.

Completion Date: 08/18/2021

171b1 - Providing Transportation

1. Requirements

2600.

- 171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:
1. The occupants of the vehicle shall be in an appropriate safety restraint at all times the vehicle is in motion.

171b1 - Providing Transportation (*continued*)**Description of Violation**

On 7/23/21 at approximately 10:00 am, resident #1 was returning from a medial appointment in the home's van, which was driven by staff person A, when the van hit a bump in the home's parking lot. The resident fell to the right, while still in the wheelchair, hitting his head off the van floor. The resident was found with a bump on his head, as well as a laceration, which resulted in a small pool of blood under his head. Staff person A secured the resident's wheelchair to the van floor using only the 2 right buckles, and failed to properly secure the wheelchair with the other 2 left buckles.

Plan of Correction**Directed**

Current van driver was re-educated on 7/27/21. See attached documents.

All van appointments were stopped until van driver was re-trained on 7/27/21.

All staff trained to drive the van as back-up will be re-educated on how to properly secure a wheelchair in the van by 8/26/21.

Activities Director will monitor van appointment runs daily for a month and then weekly after to ensure anyone utilizing a wheelchair is being secured in the wheelchair van correctly starting 8/23/21. Documentation will be kept.

DIRECTED: Within 5 days of receipt of the plan of correction: A designated staff person shall develop and implement a training plan to be used for any staff person who transports residents. The training plan shall include procedures for securing all residents into vehicles, which includes ensuring wheelchairs are secured to the vehicle using all 4 buckles and all required seatbelts. The training shall include an in-person demonstration by a qualified staff person on how to properly secure residents into vehicles, which includes ensuring wheelchairs are secured to the vehicle using all 4 buckles and all required seatbelts. The training shall be completed prior to any staff person transporting residents. Documentation of the training plan shall be kept. Documentation of all staff persons trained shall be kept in accordance with 2600.65i. LM 8/23/21

Completion Date: 08/18/2021