

Department of Human Services
Bureau of Human Service Licensing

September 14, 2021

[REDACTED]
VALLEY MEDICAL FACILITIES INC
[REDACTED]
[REDACTED]

RE: THE RESIDENCE AT WILLOW LANE
30 HECKEL ROAD
MCKEES ROCKS, PA, 15136
LICENSE/COC#: 45191

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/18/2021, 08/19/2021, 08/20/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Scott Klein

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *THE RESIDENCE AT WILLOW LANE* License #: *45191* License Expiration Date: *07/01/2022*
Address: *30 HECKEL ROAD, MCKEES ROCKS, PA 15136*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *412-331-1820* Email: [REDACTED]

Legal Entity

Name: *VALLEY MEDICAL FACILITIES INC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *09/26/1997* Issued By: *L&I*
Type: *Other* Date: *04/30/2021* Issued By: *Allegheny County Health Department*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *78* Waking Staff: *59*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *08/20/2021*

Inspection Dates and Department Representative

08/18/2021 - On-Site: [REDACTED]
08/19/2021 - Off-Site: [REDACTED]
08/20/2021 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *107* Residents Served: *51*

Secured Dementia Care Unit

In Home: *Yes* Area: *Pathways* Capacity: *21* Residents Served: *14*

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *51*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *27* Have Physical Disability: *0*

Inspections / Reviews

08/18/2021 - Partial

Lead Inspector: [REDACTED]

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

8/30/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *09/03/2021*

9/14/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

- 15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

In accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 – 10225.707) and 6 Pa. Code Sections 15.21 – 15.27, when a resident suffers serious physical or bodily injury, the home shall complete an Act 13 form and send the form to the Area Agency on Aging within 48 hours. However, on [REDACTED]/21, the home was notified by Heritage Valley Health System that resident #1 was admitted with a [REDACTED] and the Act 13 form was not sent to the Area Agency on Aging until 8/18/21 at 10:17 a.m.

Plan of Correction

Accept

Act 13 Form was completed and submitted to the Area Agency on Aging on 08/18/2021 at 10:17AM as follow up to verbal notification of [REDACTED] 2021.

To assure that no other residents were affected, the Executive Director completed a review of all suspected abuse investigations 08/12/2021, for this year.

To prevent this from happening in the future the Executive Director will provide education to all Resident Care Leadership responsible for completing reportable investigations and submissions, on the 2600.15.a. requirements to include the Suspected Resident Abuse Reporting and Investigation Requirements Algorithm, included in the Regulatory Compliance Guide with attention to form/ report completion and timelines for submissions, by 09/01/2021.

The Executive Director/ designee will also review suspected abuse reports prior to submission and confirm that suspected abuse notifications occur timely and accurately. Any identified deficient practices will be addressed immediately. Reviews will be initiated 09/06/2021, weekly for 4 weeks, then monthly thereafter, with review and recommendation with the Quality Assurance and Process Improvement committee, ongoing.

Completion Date: 09/30/2021

Document Submission

Implemented

Please see attached documentation for plan of correction supportive materials.