

Department of Human Services
Bureau of Human Service Licensing

January 24, 2022

[REDACTED] ADMINISTRATOR
[REDACTED]
[REDACTED]

RE: STANDISH'S
158 CHESTNUT RIDGE ROAD
WASHINGTON, PA, 15301
LICENSE/COC#: 40630

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/08/2021, 09/09/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

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: *STANDISH'S* License #: *40630* License Expiration: *01/27/2022*
Address: *158 CHESTNUT RIDGE ROAD, WASHINGTON, PA 15301*
County: *WASHINGTON* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-3 SP* Date: *08/05/1999* Issued By: *L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *9* Waking Staff: *7*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *09/08/2021*

Inspection Dates and Department Representative

09/08/2021 - On-Site: [REDACTED]

09/09/2021 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *7* Residents Served: *5*

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: *5*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *4* Have Physical Disability: *0*

Inspections / Reviews

09/08/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/15/2021*

Inspections / Reviews (*continued*)

11/15/2021 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *11/17/2021*

11/18/2021 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *11/23/2021*

01/24/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

On 9/8/21, the carbon monoxide detector was installed approximately 2' from the gas furnace in the attic.

On 9/8/21, the carbon monoxide detector was installed under a built-in shelf in the kitchen that measured approximately 4' from a gas heater in the wall to the right of the residents kitchen table.

Plan of Correction

Accept

Additional CO monitor was installed in attic at inspectors suggested location. 40 Feet from Furnace. Original CO Monitor in attic remained at initial location

Kitchen CO monitor was moved to inside wall from kitchen between bedrooms 30 feet from furnace

Document Submission

Implemented

Additional CO monitor was installed in attic at inspectors suggested location. 40 Feet from Furnace. Original CO Monitor in attic remained at initial location

Kitchen CO monitor was moved to inside wall from kitchen between bedrooms 30 feet from furnace

60a - Staff/Support Plan

1. Requirements

2600.

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

Description of Violation

The home's staffing schedule indicates on multiple dates, staff person A and administrator is the only staff person working some of the evening and overnight shift. In the event of an emergency evacuation, the home's staffing is inadequate to meet the supervision needs of the residents. The home serves five residents, with four of the residents identified with mobility needs. Of the four, two residents, resident #2 and #3 are identified as needing a 2-person assistance with transferring. During an emergency evacuation there is not enough staff to safely transfer residents to evacuate or supervise those residents that have evacuated the home, to include the following dates:

9/1/21 from 6:30 pm to 7:00 a.m.

9/2/21 from 5:30 p.m. to 7:00 a.m.

9/5/21 from 7:00 p.m. to 7:00 a.m.

9/6/21 from 6:30 p.m. to 7:00 a.m.

9/7/21 from 8:00 p.m. to 7:00 a.m.

Plan of Correction

Additional night staff added seven days a week for 12 hour shifts. New night staff was trained in required 12 hours and fire safety and fire drills.

Plan of Correction

Accept

The Administrator has hired an additional 12 hour shift seven days a week to assure that there are two staff on

60a - Staff/Support Plan (continued)

duty at all times. To assure that the residents needs are met the Administrator will be responsible for monitoring the schedule on a weekly basis.

Document Submission **Implemented**

The Administrator has hired an additional 12 hour shift seven days a week to assure that there are two staff on duty at all times. To assure that the residents needs are met the Administrator will be responsible for monitoring the schedule on a weekly basis.

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 9/8/21, the temperature of the refrigerator section of the refrigerator freezer in the kitchen measured 55 degrees Fahrenheit at 10:45 a.m. A recheck at 6:10 p.m., measured a temperature of 58 degrees Fahrenheit.

Plan of Correction **Accept**

New thermometer was purchased that day and installed from Lowes (Better Quality) Staff was reminded to check temperature each shift. No spoilage present or sour milk-foods reported prior to inspection.

Document Submission **Implemented**

New thermometer was purchased that day and installed from Lowes (Better Quality) Staff was reminded to check temperature each shift. No spoilage present or sour milk-foods reported prior to inspection.

131a - Fire Extinguisher

1. Requirements

2600.

131.a. There shall be at least one operable fire extinguisher with a minimum 2-A rating for each floor, including the basement and attic.

Description of Violation

On 9/8/21, there was no fire extinguisher with a 2-A rating in the attic of the home where the hot water tank and main furnace is housed. Instead, there was a small fire extinguisher with a label indicating, "Kitchen Fire Extinguisher - For use on liquids and grease fires" hanging on the pillar just inside the attic at the top of the step.

Plan of Correction **Accept**

One additional fire extinguisher was purchased from Farner fire. it was delivered and installed in the attic at the top of the steps All three fire extinguishers are to be inspected and tagged each June by Farner Fire unless needed for use prior to re certification.

Document Submission **Implemented**

One additional fire extinguisher was purchased from Farner fire. it was delivered and installed in the attic at the top of the steps All three fire extinguishers are to be inspected and tagged each June by [REDACTED] unless needed for use prior to re certification.

182b - Prescription Medication (continued)

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

1. A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.

Description of Violation

Resident #4 is prescribed [REDACTED] - once a month intramuscular every 30 days (B12 Supplement). On 9/8/21, staff person A administered the [REDACTED] intramuscularly to resident #4 and has reported administering the medication since prescribed. Also, resident #5 is prescribed [REDACTED] - once a month intramuscular every 30 days ([REDACTED] Supplement). Staff person A indicated administering resident #5's B12 supplement for years and that resident #5 is scheduled to be administered the B12 supplement by staff person A, on 9/9/21. Staff person A is not a licensed medical professional, graduate of an approved nursing program functions under the direct supervision of a professional nurse, a student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty.

Plan of Correction

Registered Nurse, [REDACTED]) visits are facility three times per week. [REDACTED] has agreed to administer the B12 injection for bed two and bed three monthly and sign the MAR. [REDACTED] also will administer any other injections needed for future residents.

Accept**Document Submission**

Registered Nurse, [REDACTED]) visits are facility three times per week. [REDACTED] has agreed to administer the B12 injection for bed two and bed three monthly and sign the MAR. She also will administer any other injections needed for future residents

Implemented**183b - Meds and Syringes Locked****1. Requirements**

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On [REDACTED]/21, there was an insulin pen, an Accucheck soft stick pen, a glucometer, test strips and an old thick-it container being used to dispose of used insulin syringes/needles, that contained approximately 14 syringes/needles, all belonging to resident #1, that were unlocked and accessible on the bookshelf/headboard in bedroom #6.

Plan of Correction

Lock Box with key was added to room 6, [REDACTED]. [REDACTED] log also is in the lock box. All insulin syringes are disposed of in a Sharps container in the locked medication cabinet with all stored medications.

Plan of Correction

The administrator will continue to monitor weekly checks to assure that all over the counter medications and syringes are properly stored in a locked area. At the time of the inspection a plan of corrections was discussed with the inspector to install a lock box in room # 6 to include all diabetic monitoring supplies. Also, at that time, all syringes were removed from the room and stored in a locked medicine cabinet.

Accept

183b - Meds and Syringes Locked (continued)

Document Submission

Implemented

The administrator will continue to monitor weekly checks to assure that all over the counter medications and syringes are properly stored in a locked area. At the time of the inspection a plan of corrections was discussed with the inspector to install a lock box in room # 6 to include all diabetic monitoring supplies. Also, at that time, all syringes were removed from the room and stored in a locked medicine cabinet

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's September Medication Administration Record (MAR) and physician order indicates the resident is prescribed [redacted] - take one tablet as needed if weight gain greater than 5 lbs. However, the pharmacy label indicated [redacted] - take one tablet by mouth Monday, Wednesday, and Friday. Note: if weight gain of more than 5 lbs. and was covered with a blue tape not indicating a "physician change order "or to "see MAR".

Plan of Correction

Accept

[redacted] with current instructions was reissued. Original medication was issued by the VA sixty days prior to inspection. The dosage changed three times. Local pharmacy [redacted] who does Standish's meds and Mars reissued medication with current Physician order. [redacted] Pharmacy does not have any change order stickers as suggested by inspector. [redacted] will reissued any future meds with new label with current signed doctors order.

Document Submission

Implemented

Bumetamide with current instructions was reissued. Original medication was issued by the VA sixty days prior to inspection. The dosage changed three times. Local pharmacy [redacted] who does Standish's meds and Mars reissued medication with current Physician order. [redacted] Pharmacy does not have any change order stickers as suggested by inspector. [redacted] will reissued any future meds with new label with current signed doctors order.

191 - Resident Right to Refuse

1. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

There is no documentation that resident #1 has been educated of the right to question or refuse a medication, if the resident believes that there may be a medication error

Plan of Correction

Accept

Resident NO 1's Contract was amended to allow [redacted] the right to refuse medications. Administrator will check all future contract forms on resident rights and assure that the right to refuse medications is added.

Document Submission

Implemented

Resident NO 1's Contract was amended to allow [redacted] the right to refuse medications. Administrator will check all future contract forms on resident rights and assure that the right to refuse medications is added.