

Department of Human Services
Bureau of Human Service Licensing

October 20, 2021

[REDACTED]
HSRE-WSL OF WEXFORD VI TRS LLC
1600 HOPKINS CROSSROAD
MINNETONKA, MN 55305

RE: THE WATERS OF WEXFORD
210-212 FOWLER ROAD
WARRENDALE, PA, 15086
LICENSE/COC#: 44936

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/15/2021, 09/16/2021, 09/17/2021 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

October 20, 2021

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HSRE-WSL OF WEXFORD VI TRS LLC
1600 HOPKINS CROSSROAD
MINNETONKA, MN 55305

RE: THE WATERS OF WEXFORD
210-212 FOWLER ROAD
WARRENDALE, PA, 15086
LICENSE/COC#: 44936

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 09/15/2021, 09/16/2021, 09/17/2021 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,

[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 - PUBLIC**

Facility Information

Name: *THE WATERS OF WEXFORD* License #: *44936* License Expiration Date: *02/21/2022*
Address: *210-212 FOWLER ROAD, WARRENDALE, PA 15086*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *7247998260* Email: [REDACTED]

Legal Entity

Name: *HSRE-WSL OF WEXFORD VI TRS LLC*
Address: *1600 HOPKINS CROSSROAD, MINNETONKA, MN, 55305*
Phone: *7247998260* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *05/07/2018* Issued By: *Marshall Township*
Type: *I-2* Date: *05/17/2018* Issued By: *Marshall Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *104* Waking Staff: *78*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *09/17/2021*

Inspection Dates and Department Representative

09/15/2021 - On-Site: [REDACTED]
09/16/2021 - On-Site: [REDACTED]
09/17/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *143* Residents Served: *75*

Special Care Unit

In Home: *Yes* Area: *SCU* Capacity: *29* Residents Served: *22*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *75*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *29* Have Physical Disability: *0*

Inspections / Reviews

09/15/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *10/17/2021*

10/20/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *10/22/2021*

10/20/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

17 Record confidentiality

1. Requirements

2800.

- 17. Confidentiality of Records - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 9/15/21, at 9:42 a.m., a shift change binder, was unattended and accessible, lying on a desk, in the secured care unit, containing confidential information for resident's 1 and 2.

Plan of Correction

Accept

Immediately Director of Health and wellbeing removed shift change binder to a secured storage area.
 Director of health and wellbeing/supervisor will audit daily to ensure records are not visible or in open location.
 Team member training on 2800.17 will be held 10-29-2021.
 (see attached)

Completion Date: 10/14/2021

Document Submission

Implemented

Please see attached document

25b Contract signatures and renewal

1. Requirements

2800.

- 25b . The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees. The contract must run month-to-month with automatic renewal unless terminated by the resident with 14 days notice or by the residence with 30 days notice in accordance with § 2800.228 (relating to transfer and discharge).

Description of Repeat Violation

Resident #3's contract, dated , [redacted]/21, was not signed by the resident.

Repeat Violation: 12/2/2019 et al.

Plan of Correction

Accept

Sales consultant immediately on 9-20-21 had resident #3 sign contract.
 Audits of all contracts will be done monthly of all new residents by the sales consultant.
 (see attached)

Withing 60 days - An audit of all resident contracts will be completed for current residents to ensure they are all signed. -- [redacted] 10/20/21

Completion Date: 10/14/2021

Document Submission

Implemented

Please see attached document

65e Rights/Abuse 40 Hours

1. Requirements

2800.

- 65.e. 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.
 5. Safe management techniques.

Description of Violation

Staff person A completed [redacted] 40th scheduled work hour on [redacted]/21, However, this staff person did not complete training in the following topics: Resident rights, Emergency medical plan, Mandatory reporting of abuse and neglect, reporting of reportable incidents and conditions, and safe management techniques.

Staff person B completed [redacted] 40th scheduled work hour on [redacted]/21, However, this staff person did not complete training in the following topics: Resident rights, Emergency medical plan, Mandatory reporting of abuse and neglect, reporting of reportable incidents and conditions, and safe management techniques.

Plan of Correction

Accept

Staff person A & B were trained on Resident rights, emergency medical plan, Abuse/neglect, reportable, and safe mgmt techniques on 10-15-21.

(see attached)

Business operations manager will audit all new hires and current employees quarterly to ensure all trainings have been met annually.

(see attached)

Completion Date: 10/14/2021

Document Submission

Implemented

Please see attached document

85e Trash outside

1. Requirements

2800.

- 85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 9/17/21, the lower half of the lid, on the outside dumpster, is broken off, exposing the trash.

Plan of Correction

Accept

Maintenance director immediately contacted trash company to replace broken trash lid on dumpster on 9-17-2021.

9-20-21 Lid was replace (see photo)

Maintenance director to audit quarterly to ensure trash lid is closed and operable.

(see attached)

Completion Date: 10/14/2021

Document Submission

Implemented

Please see attached document

101j7 Lighting/operable lamp

1. Requirements

2800.

101.j. Each resident shall have the following in the living unit:

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

Description of Violation

On 9/17/21, at approximately 9:52 a.m., resident #5, does not have a source of lighting that can be turned on/off from bedside, due to the light bulb requiring replacement.

Plan of Correction

Accept

Maintenance director immediately replaced light bulb in Resident #5 room.

9-20-21 Maintenance director did audit of community resident rooms to ensure all light bulbs are working.

Maintenance director will conduct monthly audits of resident rooms to ensure all light bulbs are working.

(see attached)

Completion Date: 10/14/2021

Document Submission

Implemented

Please see attached document

185a Storage procedures

1. Requirements

2800.

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

Description of Violation

On 9/5/21, at 8:25 a.m., resident #7's, glucometer, indicates a blood glucose reading of 280. However, the documentation on the medication administration record indicates 208.

On 9/17/21, the following glucometers were not calibrated to the correct date and time:

-At 11:05 a.m., resident #4's glucometer indicated 9/16/21 at 5:34 a.m.

-At 11:50 a.m., resident #5's glucometer indicated 6/16/21 at 4:39 p.m.

-At 2:26 p.m., resident #6's glucometer indicated 1/11/21 at 4:42 a.m.

185a Storage procedures (continued)**Plan of Correction****Accept**

Director of health and wellbeing will conduct training of all med techs/nurses on 10-29-21 for calibrating and double checking readings to eMar to glucometers.

Director of health and wellbeing/supervisor will conduct weekly audits of glucometers to ensure reading match correctly.

Director of health and wellbeing/supervisor will conduct monthly audits of glucometers to ensure calibration are correct for date/time.

(see attached)

All identified glucometers were calibrated to the current date and time. -- [REDACTED] 10/20/21

Completion Date: 10/14/2021

Document Submission**Implemented**

Please see attached document