

Department of Human Services
Bureau of Human Service Licensing

December 23, 2021

[REDACTED]
SOUTHWESTERN HEALTHCARE OPERATIONS LLC
[REDACTED]
[REDACTED]

RE: THE RESIDENCE AT ARROWOOD
512 N LEWIS RUN ROAD
PITTSBURGH, PA, 15122
LICENSE/COC#: 45215

Dear Ms. [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/01/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Jon Kimberland

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 ARROWOOD* License #: *45215* License Expiration: *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: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *63* Waking Staff: *47*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *11/01/2021*

Inspection Dates and Department Representative

11/01/2021 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *84* Residents Served: *44*

Secured Dementia Care Unit

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

Hospice

Current Residents: *9*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *44*
Diagnosed with Mental Illness: *14* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *19* Have Physical Disability: *1*

Inspections / Reviews

11/01/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/20/2021*

11/01/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/20/2021*

Inspection Dates and Department Representative (*continued*)

12/20/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/22/2021*

12/23/2021 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

187c - Refusal of Medication

1. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident #1 was prescribed Furosemide 40mg take two tablets (80mg) twice daily. On 10/29/21 4:00 p.m. the resident refused the medication. The prescriber was not notified of the refusal to take the prescribed medication.

Plan of Correction

Do Not Accept

Medication Technician's will be educated by the Director of Nursing on refusal of medication policies and procedures by 12/21/21.

Within 72 hours of the receipt of the plan of correction, then monthly thereafter, the director of nursing will review all resident medication records, including resident #1, to ensure proper documentation of refusal of medications and prescribers are being notified.

Completion Date: 12/21/2021

Plan of Correction

Accept

The prescriber will be notified of the refusal of resident #1 medication and documented by the Director of Nursing by 12/20/21.

Medication Technician's will be educated by the Director of Nursing on refusal of medication policies and procedures by 12/21/21.

Within 72 hours of the receipt of the plan of correction, then monthly thereafter, the director of nursing will review all resident medication records, including resident #1, to ensure proper documentation of refusal of medications and prescribers are being notified.

Completion Date: 12/21/2021

Document Submission

Implemented

Documents are attached.

Completion Date: 12/22/2021

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #1 was prescribed multiple medications. However, the resident indicated multiple medications were not administered to include:

** Eliquis 2.5 mg take one tablet at morning and bedtime.*

10/2/21 not administered at 8:00 a.m. and 8:00 p.m.

** Furosemide 40mg take two tablets (80mg) twice daily.*

10/14/21 not administered at 4:00 p.m.

10/15/21 not administered at 8:00 a.m. and 4:00 p.m.

10/16/21 not administered at 8:00 a.m.

** Pantoprazole Sodium 40mg take one tablet once daily.*

10/16/21 to 10/20/21 not administered at 8:00 a.m.

187d - Follow Prescriber's Orders (continued)

10/23/21 to 10/29/21 not administered at 8:00 a.m.

* Potassium Cl 20MEQ take one tablet three times daily.

10/15/21 not administered at 8:00 p.m.

10/16/21 not administered at 8:00 a.m. and 2:00 p.m.

* Prednisone 5mg take one tablet once daily.

10/31/21 not administered at 8:00 a.m.

REPEAT VIOLATION 6/3/21**Plan of Correction****Do Not Accept**

Medication Technician's will be educated by the Director of Nursing on following prescriber's orders per regulation 187d by 12/21/21.

Within 72 hours of the receipt of the plan of correction, then monthly thereafter the director of nursing will review all resident medication records, including resident #1, to ensure all medications are present in the home for administration per prescriber's orders.

Completion Date: 12/21/2021

Plan of Correction**Accept**

The home will report the following medication errors listed above to the department by the end of the day on 12/17/21.

The director of nursing will notify the prescriber and resident's family of the medication error's listed above and document it by 12/20/21.

Medication Technician's will be educated by the Director of Nursing on following prescriber's orders per regulation 187d by 12/21/21.

Within 72 hours of the receipt of the plan of correction, then monthly thereafter the director of nursing will review all resident medication records, including resident #1, to ensure all medications are present in the home for administration per prescriber's orders.

Completion Date: 12/21/2021

Document Submission**Implemented**

Documents are attached.

Completion Date: 12/22/2021