

Department of Human Services
Bureau of Human Service Licensing

September 2, 2022

[REDACTED]
COMMUNITY HEALTHCARE PC OPERATOR, INC.
277 HOFFMAN AVENUE
WINDBER, PA, 15963

RE: WINDBER WOODS SENIOR LIVING
& REHABILITATION CENTER
277 HOFFMAN AVENUE
WINDBER, PA, 15963
LICENSE/COC#: 33388

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/30/2021 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 - PUBLIC

Facility Information

Name: *WINDBER WOODS SENIOR LIVING & REHABILITATION CENTER* License #: *33388* License Expiration: *08/23/2022*

Address: *277 HOFFMAN AVENUE, WINDBER, PA 15963*

County: *SOMERSET*

Region: *CENTRAL*

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: *COMMUNITY HEALTHCARE PC OPERATOR, INC.*

Address: *277 HOFFMAN AVENUE, WINDBER, PA, 15963*

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP*

Date: *07/15/1986*

Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *28*

Waking Staff: *21*

Inspection Information

Type: *Full*

Notice: *Unannounced*

BHA Docket #:

Reason: *Renewal*

Exit Conference Date: *11/30/2021*

Inspection Dates and Department Representative

11/30/2021 - On- [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *60*

Residents Served: *27*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *25*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *1*

Have Physical Disability: *0*

Inspections / Reviews

11/30/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *01/10/2022*

Inspections / Reviews (*continued*)

08/02/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/09/2022*

08/05/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/12/2022*

09/02/2022 - Document Submission

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

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

The home did not submit a reportable incident form to the Department for the death of Resident #1 who passed away in the home [REDACTED]

Plan of Correction

Accept

A reportable incident will be completed and sent to DHS with every death whether expected or unexpected. The Nurse Manager and Administrator reviewed the regulation immediately.

Completion Date: 01/10/2022

Document Submission

Implemented

A reportable incident will be completed and sent to DHS with every death whether expected or unexpected. The Nurse Manager and Administrator reviewed the regulation immediately.

63a - First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

Staff Person A is not trained in first aid and CPR. Staff Person A was the only staff person working in the [REDACTED]

Plan of Correction

Accept

2600

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present at the home at all times

The Personal Care Home Administrator and the Personal Care Home Nurse Manager were educated on the regulation.

All current employees are trained in first aid and certified in obstructed airway techniques and CPR.

a. All new hires will be trained and certified at the first available class and will only be scheduled with a staff member who is certified until their certification is obtained. Upon hire if a new employee is not trained in first aid and certified in obstructive airway technique and CPR the course will be scheduled by the nurse manager prior to them being scheduled alone. If they are scheduled with another employee and that employee calls off the nurse manager or administrator who are both trained and certified will work that scheduled shift alongside that employee if they are unable to find coverage with another trained employee. The Personal Care Nurse Manager will monitor to ensure compliance is maintained and in the Nurse Managers absence the Administrator will assume this role.

b. The Personal Care Administrator is a CPR instructor through the American Heart Association and is able to teach first aid, CPR and obstructive airway techniques for the employees to become and maintain their training and certification. This training will now be added to the new employee's schedule by the Personal Care Home Nurse Manager during orientation to ensure compliance is achieved for the safety of the residents. In the absence of the

63a - First Aid/CPR Training (continued)

Personal Care Home Administrator who is qualified to teach this course the home will revert to step a. to maintain compliance.

To ensure compliance upon hire Human resources will request a copy of their CPR/AED/First Aid training card, the Card will be reviewed by the nurse manager, if the employee does not have the required training, they will be scheduled to receive the training by the nurse manager prior to them being scheduled alone. Audits will be completed with every new hire by the unit manager on day 1 of employment to ensure ongoing monitoring.

Completion Date: 01/10/2022

Document Submission

Implemented

2600

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present at the home at all times

The Personal Care Home Administrator and the Personal Care Home Nurse Manager were educated on the regulation.

All current employees are trained in first aid and certified in obstructed airway techniques and CPR.

a. All new hires will be trained and certified at the first available class and will only be scheduled with a staff member who is certified until their certification is obtained. Upon hire if a new employee is not trained in first aid and certified in obstructive airway technique and CPR the course will be scheduled by the nurse manager prior to them being scheduled alone. If they are scheduled with another employee and that employee calls off the nurse manager or administrator who are both trained and certified will work that scheduled shift alongside that employee if they are unable to find coverage with another trained employee. The Personal Care Nurse Manager will monitor to ensure compliance is maintained and in the Nurse Managers absence the Administrator will assume this role.

b. The Personal Care Administrator is a CPR instructor through the American Heart Association and is able to teach first aid, CPR and obstructive airway techniques for the employees to become and maintain their training and certification. This training will now be added to the new employee's schedule by the Personal Care Home Nurse Manager during orientation to ensure compliance is achieved for the safety of the residents. In the absence of the Personal Care Home Administrator who is qualified to teach this course the home will revert to step a. to maintain compliance.

To ensure compliance upon hire Human resources will request a copy of their CPR/AED/First Aid training card, the Card will be reviewed by the nurse manager, if the employee does not have the required training, they will be scheduled to receive the training by the nurse manager prior to them being scheduled alone. Audits will be completed with every new hire by the unit manager on day 1 of employment to ensure ongoing monitoring.

85a - Sanitary Conditions**1. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

The [REDACTED] for Resident #3 was used to test the [REDACTED] of Resident #4. The following [REDACTED] levels for Resident #4 were found in Resident #3's [REDACTED] r:

[REDACTED]

85a - Sanitary Conditions (continued)



#5 has a reading of [redacted] recorded on the Medication Administration Record (MAR) of Resident #4 for [redacted]

Plan of Correction

Accept

2600

85 a

All residents requiring [redacted] of [redacted] were ordered a [redacted] by their MD, the nurse manager sent the order to Forest Hills Pharmacy, upon arrival all [redacted] were labeled and placed in their own container (not all [redacted] arrived at the same time due to insurance verifications). The med techs with [redacted] training were in-serviced by the nurse manager on their next scheduled day 1-2-22 to 1-10-22 that when the [redacted] arrived all residents testing must be completed using their own [redacted]. Random monthly Audits will be completed by the nurse manager or designee to ensure the residents [redacted] machine was utilized for testing for that specific resident by comparing the results in the [redacted] to the MARS for that specific date.

Completion Date: 01/10/2022

Document Submission

Implemented

2600

85 a

All residents requiring [redacted] of their [redacted] se were ordered a [redacted] by their MD, the nurse manager sent the order to Forest Hills Pharmacy, upon arrival all [redacted] were labeled and placed in their own container (not all [redacted] at the same time due to insurance verifications). The med techs with [redacted] training were in-serviced by the nurse manager on their next scheduled day 1-2-22 to 1-10-22 that when the [redacted] arrived all residents testing must be completed using their own [redacted]. Random monthly Audits will be completed by the nurse manager or designee to ensure the residents [redacted] was utilized for testing for that specific resident by comparing the results in [redacted] to the MARS for that specific date.

91 - Telephone Numbers

1. Requirements

2600.

91 - Telephone Numbers (continued)

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers, to include the nearest hospital and fire department, on or by the telephone in Rooms [REDACTED]

Plan of Correction**Accept**

2600

91

Telephone numbers for the nearest hospital, police department, fire department, poison control center, local emergency management and personal care home complaint hotline were posted in rooms [REDACTED] on 11-30-21 by the personal care nurse manager. All telephones with an outside line currently have the emergency numbers posted as an audit was completed by the personal care nurse manager immediately following survey on 12-1-21 and have been completed monthly through July 2022 and have been in compliance. To ensure continual compliance monthly audits are being conducted by the personal care home nurse manager to ensure the phone numbers are list next to each telephone on the unit with an outside line. If any audit is found to be non-compliant the number listings will be immediately posted by the nurse manager or designee.

Completion Date: 01/10/2022

Document Submission**Implemented**

2600

91

Telephone numbers for the nearest hospital, police department, fire department, poison control center, local emergency management and personal care home complaint hotline were posted in rooms [REDACTED] on 11-30-21 by the personal care nurse manager. All telephones with an outside line currently have the emergency numbers posted as an audit was completed by the personal care nurse manager immediately following survey on 12-1-21 and have been completed monthly through July 2022 and have been in compliance. To ensure continual compliance monthly audits are being conducted by the personal care home nurse manager to ensure the phone numbers are list next to each telephone on the unit with an outside line. If any audit is found to be non-compliant the number listings will be immediately posted by the nurse manager or designee.

107d - Procedure Emergency Management Agency Submission**1. Requirements**

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been reviewed and/or updated annually.

Plan of Correction**Accept**

2600

107.d.

All written emergency procedures for the Home, both skilled and personal care, (since they are located in the same building but different wings) are reviewed on an annual basis. They are updated and/or changed accordingly,

107d - Procedure Emergency Management Agency Submission (continued)

Policies are reviewed by the Administrator, Personal care Administrator, Director of Nursing, Nurse Manager for Personal Care, and the Director of Maintenance. All procedures were reviewed per regulation on 1-6-22 and concluded on 1-7-22. They were submitted to the local emergency management agency on 1-7-22 by the Administrator. The Administrator will schedule an emergency procedure review at minimum annually, policies will be updated accordingly by the Administrator or designee, and will be submitted annually to the emergency management agency by the Administrator or designee. The next scheduled review date is tentatively set by the Administrator on 12-1-22

Completion Date: 01/10/2022

Document Submission**Implemented**

2600

107.d.

All written emergency procedures for the Home, both skilled and personal care, (since they are located in the same building but different wings) are reviewed on an annual basis. They are updated and/or changed accordingly, Policies are reviewed by the Administrator, Personal care Administrator, Director of Nursing, Nurse Manager for Personal Care, and the Director of Maintenance. All procedures were reviewed per regulation on 1-6-22 and concluded on 1-7-22. They were submitted to the local emergency management agency on 1-7-22 by the Administrator. The Administrator will schedule an emergency procedure review at minimum annually, policies will be updated accordingly by the Administrator or designee, and will be submitted annually to the emergency management agency by the Administrator or designee. The next scheduled review date is tentatively set by the Administrator on 12-1-22

183d - Prescription Current**1. Requirements**

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

An expired house stock bottle of aluminum hydroxide (antacids) was in the third floor medication cart. It had expired as of 7/2021.

Plan of Correction**Accept**

2600

183.d.

The expired house stock bottle of aluminum hydroxide was removed from the third-floor medication cart immediately 11-30-21 by the personal care nurse manager. Both the 3rd and 4th floor medication carts were audited by the Personal Care Nurse manager immediately 11-30-21 to ensure there were no other expired medications and were found to be complaint. To ensure continual compliance the Personal Care Nurse Manager or designee will audit each medication cart monthly to ensure there are no expired medications in the cart. If any medications are noted to be out of date, they will be discarded by the Nurse Manager or designee immediately.

Completion Date: 01/10/2022

Document Submission**Implemented**

2600

183.d.

183d - Prescription Current (continued)

The expired house stock bottle of aluminum hydroxide was removed from the third-floor medication cart immediately 11-30-21 by the personal care nurse manager. Both the 3rd and 4th floor medication carts were audited by the Personal Care Nurse manager immediately 11-30-21 to ensure there were no other expired medications and were found to be complaint. To ensure continual compliance the Personal Care Nurse Manager or designee will audit each medication cart monthly to ensure there are no expired medications in the cart. If any medications are noted to be out of date, they will be discarded by the Nurse Manager or designee immediately.

185a - Implement Storage Procedures

1. Requirements

2600.

185.a. The home 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

- The [redacted] for Resident #5 is not calibrated with the correct date. On 11/30/21, the [redacted] displayed a date of 10/31/21 and all readings reviewed for November had dates in October.
- The [redacted] for Resident #5 for [redacted] was recorded in the Medication Administration Record (MAR) as [redacted].
- The following medications were in the medication cart for Resident #4, but there were no current orders for these items: [redacted]
- Resident #6 did not have the following [redacted]

Plan of Correction

Accept

2600

185 a

All [redacted]s were calibrated with the correct date and time on 12-13-21 by the Personal Care Nurse Manager. The [redacted] are being audited monthly by the Personal care nurse manager or designee to ensure compliance. Any [redacted]r found to be out of compliance will be immediately calibrated by the personal care nurse manager or designee.

The staff were in-serviced on accurate documentation of [redacted] by the Personal Care Unit Manager during their next schedule shift from 1-2-22 to 1-10-22. Random monthly audits will be conducted by the personal care unit manager or designee to ensure compliance. If any issues are noted the personal care unit manager will re-educate the staff member involved and will observe the staff member weekly until compliance is achieved for a 60-day period.

Medications that were not actively ordered for Resident #4 were removed from the medication cart immediately on 11-30-21 by the nurse manager. The nurse manager audited all medication carts utilizing the resident's active orders on 12-1-21 and 12-2-21 and found no other issues of non-compliance. Random Monthly audits will be conducted by the nurse manager or designee to ensure only active medications are stored in the medication cart. Any medications that are not active will be removed from the medication cart.

Over the counter Medications for Resident #6 were available in the over-the-counter stock cabinet in Central supply and were not in the cart because of non-usage, however, were readily available. The MD reviewed the current orders and discontinued the OTC and prescription medications on 12-1-21 that were not being used. Resident #6's medications were then reviewed by the nurse manager on 12-1-21 after the MD completed the review and all active prn medications were in the medication cart. The only medications that were not discontinued out of the

185a - Implement Storage Procedures (continued)

medications listed in the violation for resident #6 were [REDACTED] but were immediately stocked in the medication cart on 12-1-21 by the nurse manager. Monthly audits will be conducted by the nurse manager or designee to ensure all prn medications that are ordered are available to the resident upon request.

Completion Date: 01/10/2022

Document Submission**Implemented**

2600

185 a

All [REDACTED]s were calibrated with the correct date and time on 12-13-21 by the Personal Care Nurse Manager. The [REDACTED] are being audited monthly by the Personal care nurse manager or designee to ensure compliance. Any [REDACTED] found to be out of compliance will be immediately calibrated by the personal care nurse manager or designee.

The staff were in-serviced on accurate documentation of [REDACTED] by the Personal Care Unit Manager during their next schedule shift from 1-2-22 to 1-10-22. Random monthly audits will be conducted by the personal care unit manager or designee to ensure compliance. If any issues are noted the personal care unit manager will re-educate the staff member involved and will observe the staff member weekly until compliance is achieved for a 60-day period.

Medications that were not actively ordered for Resident #4 were removed from the medication cart immediately on 11-30-21 by the nurse manager. The nurse manager audited all medication carts utilizing the resident's active orders on 12-1-21 and 12-2-21 and found no other issues of non-compliance. Random Monthly audits will be conducted by the nurse manager or designee to ensure only active medications are stored in the medication cart. Any medications that are not active will be removed from the medication cart.

Over the counter Medications for Resident #6 were available in the over-the-counter stock cabinet in Central supply and were not in the cart because of non-usage, however, were readily available. The MD reviewed the current orders and discontinued the OTC and prescription medications on 12-1-21 that were not being used. Resident #6's medications were then reviewed by the nurse manager on 12-1-21 after the MD completed the review and all active prn medications were in the medication cart. The only medications that were not discontinued out of the medications listed in the violation for resident #6 were the [REDACTED] but were immediately stocked in the medication cart on 12-1-21 by the nurse manager. Monthly audits will be conducted by the nurse manager or designee to ensure all prn medications that are ordered are available to the resident upon request.

25b - Contract Signatures**1. Requirements**

2600.

25.b. 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.

Description of Violation

The resident-home contract, dated [REDACTED], for Resident #2 was not signed by the resident.

Repeated Violation - 7/31/19

25b - Contract Signatures (*continued*)**Plan of Correction****Accept**

2600

25.b.

The resident home contract dated [REDACTED] was signed by resident #2 [REDACTED] the presence of the nurse manager. The nurse manager conducted an audit of all current residents on 1-4-22 and 1-5-22 and no other non-compliance issues were noted. Upon admission, the Admissions director will ensure the resident signs the resident home contract. If the resident is not fully alert and oriented, the payer will sign the contract. To ensure compliance the nurse manager will audit all new admissions to ensure the contract is signed within 24 hours of admission.

Completion Date: 01/10/2022**Document Submission****Implemented**

2600

25.b.

The resident home contract dated [REDACTED] was signed by resident #2 [REDACTED] the presence of the nurse manager. The nurse manager conducted an audit of all current residents on 1-4-22 and 1-5-22 and no other non-compliance issues were noted. Upon admission, the Admissions director will ensure the resident signs the resident home contract. If the resident is not fully alert and oriented, the payer will sign the contract. To ensure compliance the nurse manager will audit all new admissions to ensure the contract is signed within 24 hours of admission.

132c - Fire Drill Records

1. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drills conducted in 2021 do not include the number of residents in the home at the time of the drill, the number of residents participating, the evacuation time in minutes and seconds, and the exit routes used during each drill.

*Repeated Violation - 7/31/19***Plan of Correction****Accept**

2600

132c

The maintenance director was educated on 1-6-21 by the nurse manager and administrator on the use of the appropriate form provided by DHS that includes the number of residents in the home at the time of the drill, the number of residents participating the evacuation time in minutes and seconds and the exit routes used during each drill. Fire drills will be conducted monthly by the maintenance department, the forms will be completed by the maintenance department, a copy will be provided to the nurse manager to review and complete the monthly audit, and file. Any issues noted with the monthly drill documentation will be corrected immediately by informing the

132c - Fire Drill Records (continued)

administrator who will educate the maintenance department and the drill will be conducted again per the regulatory requirements.

Completion Date: 01/10/2022

Document Submission

Implemented

2600

132c

The maintenance director was educated on 1-6-21 by the nurse manager and administrator on the use of the appropriate form provided by DHS that includes the number of residents in the home at the time of the drill, the number of residents participating the evacuation time in minutes and seconds and the exit routes used during each drill. Fire drills will be conducted monthly by the maintenance department, the forms will be completed by the maintenance department, a copy will be provided to the nurse manager to review and complete the monthly audit, and file. Any issues noted with the monthly drill documentation will be corrected immediately by informing the administrator who will educate the maintenance department and the drill will be conducted again per the regulatory requirements.