



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: February 25, 2022

[REDACTED]
SOUTHWESTERN HEALTHCARE OPERATIONS LLC
512 NORTH LEWIS RUN ROAD
PITTSBURGH, PA, 15122

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on February 2, 2022 and February 9, 2022 of the above facility, that is operating pending an appeal, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Licensing Inspection Summary were found.

Correction of these violations in accordance with the specified plan of correction is required. Failure to correct these violations may result in further licensing enforcement action.

Sincerely,

A handwritten signature in black ink that reads "Jamie F. Buchenauer".

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

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: *512 NORTH LEWIS RUN ROAD, PITTSBURGH, PA, 15122*
 Phone: *4124693330* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *12/05/2013* Issued By: *Borough of Pleasant Hills*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *55* Waking Staff: *41*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Monitoring* Exit Conference Date: *02/09/2022*

Inspection Dates and Department Representative

02/02/2022 - On-Site: [REDACTED]

02/09/2022 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *84* Residents Served: *40*

Secured Dementia Care Unit

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

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *40*
 Diagnosed with Mental Illness: *15* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *15* Have Physical Disability: *1*

Inspections / Reviews

02/02/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *Exception* Follow-Up Date:

93a - Handrails

1. Requirements

2600.

93.a. Each ramp, interior stairway and outside steps must have a well-secured handrail.

Description of Violation

At 10:00 a.m. the first-floor short hall emergency exit door near room #117 had a step-down to the exterior measuring approximately eight inches with no handrail or grab bar to exit the building.

Plan of Correction**Directed**

Within 5 days of receipt of the plan of correction: All staff persons shall be educated on the requirements of regulation 2600.93(a). Documentation of education shall be kept. 12/16/22 JK

Within 30 days of the receipt of the plan of correction: The administrator or designee shall have a well secured handrail installed at the step by room #117 emergency exit. 2/16/22.

Within 15 days of the receipt of the plan of correction: the administrator or designee shall audit all ramps, interior stairways and outside steps to ensure there is a well-secured handrail present. The audits will be ongoing and occur at least monthly with a physical plant checklist that includes a review of all ramps, interior stairways, and outside steps. Documentation of the audits shall be kept. 2/16/22 JK

Within 60 days of receipt of the plan of correction: The home will review these violations and plans of correction during a quality management plan review and focus efforts on prevention of violations with full, long-term compliance. Documentation of the review shall be kept. 12/15/22 JK

Completion Date:

121a - Unobstructed Egress

1. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

** At 10:01 a.m., the first floor short-hall emergency exit door near room #117 was locked with a computer software application setting and was unable to be opened from the interior for multiple attempts.*

** At 10:13 a.m. the first-floor dining room emergency exit, double door number 3 was manually locked with a key that was not available to staff.*

Plan of Correction**Directed**

Within 24 hours of receipt of the plan of correction: Both doors cited in the violation shall be unlocked to allow unobstructed egress from the building. 2/16/22 JK

Within 24 hours of receipt on the plan of correction: The administrator or designated staff person shall audit all exits to ensure compliance with regulation 2600.121(a). The audits will be ongoing and occur at least monthly with a physical plant checklist that includes a review of all emergency exits. Documentation of the audits shall be kept. 2/16/22 JK

Within 5 days of receipt of the plan of correction: All staff persons shall be educated on the requirements of

121a - Unobstructed Egress (continued)

regulation 2600.121(a). Documentation of education shall be kept. 2/16/22 JK

Within 60 days of receipt of the plan of correction: The home will review these violations and plans of correction during a quality management plan review and focus efforts on prevention of violations with full, long-term compliance. Documentation of the review shall be kept. 2/16/22 JK

Completion Date:

Violation Report:**PCH Name: The Residence at Arrowood****1. REGULATION 55 Pa. Code §2600****2600.269(a) – The Department will ban new admissions to a home:****(1) That has been found to have a Class I violation.****(2) That has been found to have a Class II violation that remains uncorrected without good cause 5 days after being cited for violation.****(3) Whose license has been revoked or nonrenewed.****2. DESCRIPTION OF VIOLATION**

On 12/20/21, the Department of Human Services (Department) notified the home in writing of a ban on admissions, that no new resident admissions are permitted after the date of the notification. However, on 01/21/22, resident # [REDACTED] was admitted to the home and on 01/30/22, resident # [REDACTED] was admitted to the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again.

If steps cannot be completed immediately, include dates by which the steps will be completed.

On 2/8/22, the home provided residents # [REDACTED] and # [REDACTED] designee with a 30-day discharge notice. 2/16/22 JK

By 3/9/22, resident # [REDACTED] and resident # [REDACTED] shall be discharged from the home. 2/16/22 JK

Within 24 hours of receipt the plan of correction: All staff shall be educated on the Departments Ban on Admissions and the prohibition of new residents being admitted in the home. Documentation of education shall be kept. 2/16/22 JK

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)**DEPARTMENT USE ONLY – HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 2/16/22
(Date)

The above plan of correction was approved by JK
(Initials)