



Emailing Date: September 27, 2022

[REDACTED]
William Penn Health Care Associates LP
1021 Walton Road
Jeannette, Pennsylvania 15644

RE: William Penn Senior Suites and
Personal Care
License #: 444250

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on 8/2/2022, 8/3/2022 and 9/12/2022 and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Jamie L. Buchenauer". The signature is written in a cursive, flowing style.

Jamie L. Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

Facility Information

Name: *WILLIAM PENN SENIOR SUITES AND PERSONAL CARE* License #: *44425* License Expiration: *11/05/2022*
Address: *1021 WALTON ROAD, JEANNETTE, PA 15644*
County: *WESTMORELAND* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *7245193700* Email: [REDACTED]

Legal Entity

Name: *WILLIAM PENN HEALTH CARE ASSOCIATES LP*
Address: *1021 WALTON ROAD, JEANNETTE, PA, 15644*
Phone: *7245193700* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *1-2* Date: *02/20/2012* Issued By: *TWP of Penn Township*
Type: *Other* Date: Issued By:

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *58* Waking Staff: *44*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint, Provisional* Exit Conference Date: *08/03/2022*

Inspection Dates and Department Representative

08/02/2022 - On-Site: [REDACTED]
08/03/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *108* Residents Served: *45*

Secured Dementia Care Unit

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

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *44*
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *13* Have Physical Disability: *0*

Inspections / Reviews

08/02/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/02/2022*

Inspections / Reviews (*continued*)

08/30/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *09/02/2022*

09/23/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 8/2/22, at approximately 10:55 a.m., there were no paper towels, mechanical air blower, or other sanitary method of hand-drying in the bathroom on the fourth floor.

On 8/3/22, at approximately 10:25 a.m., there were no paper towels, mechanical air blower, or other sanitary method of hand-drying in the shared bathroom in bedroom 201.

Plan of Correction**Accept**

Immediate Action: On 8/3/2022 Maintenance Director, Maintenance Manager & Housekeeping Supervisor were educated on Sanitary Conditions 2600.85a. Housekeeping Supervisor refilled paper towel dispenser in bathroom on fourth floor. 8/4/2022 Maintenance Director placed an order for mechanical air blowers for each of the public restrooms. On 8/2/2022, hand towel and unlabeled bar of soap were removed from room 201 and paper towels were provided. 8/4/2022 additional towel bars and hand towel hooks were ordered by Maintenance Director.

Action: Two hand towel hooks and additional towel bars will be installed in each double occupancy room. 8/4/2022 Maintenance Manager conducted an audit of double occupancy room. Paper towels were provided and will be stocked until hand towel hooks and towel bars are installed. On 8/19/2022, Maintenance Director installed the mechanical air blowers in fourth floor bathroom and in each public restroom throughout the building. Staff will be educated by 9/9/2022 on Sanitary Conditions 2600.85a to ensure compliance with regulation. Documentation will be kept.

Action Plan: On 8/25/2022 Maintenance Manager created an audit tool for the mechanical air blowers. Maintenance Manager/Designee will audit the mechanical air blowers monthly for 3 months to ensure compliance with Regulation 2600.85a. All hand towel hooks, and towel bars will be installed by 9/9/2022. Residents in double occupancy rooms will be provided with an educational letter regarding the new hand towel hooks and towel bars and their intended use. Documentation will be kept.

Completion Date: 09/30/2022**Document Submission****Implemented**

Immediate Action: On 8/3/2022 Maintenance Director, Maintenance Manager & Housekeeping Supervisor were educated on Sanitary Conditions 2600.85a. Housekeeping Supervisor refilled paper towel dispenser in bathroom on fourth floor. 8/4/2022 Maintenance Director placed an order for mechanical air blowers for each of the public restrooms. On 8/2/2022, hand towel and unlabeled bar of soap were removed from room 201 and paper towels were provided. 8/4/2022 additional towel bars and hand towel hooks were ordered by Maintenance Director.

Action: Two hand towel hooks and additional towel bars will be installed in each double occupancy room. 8/4/2022 Maintenance Manager conducted an audit of double occupancy room. Paper towels were provided and will be stocked until hand towel hooks and towel bars are installed. On 8/19/2022, Maintenance Director installed the mechanical air blowers in fourth floor bathroom and in each public restroom throughout the building. Staff will be educated by 9/9/2022 on Sanitary Conditions 2600.85a to ensure compliance with regulation. Documentation will be kept.

Action Plan: On 8/25/2022 Maintenance Manager created an audit tool for the mechanical air blowers. Maintenance Manager/Designee will audit the mechanical air blowers monthly for 3 months to ensure compliance with Regulation 2600.85a. All hand towel hooks, and towel bars will be installed by 9/9/2022. Residents in double occupancy rooms will be provided with an educational letter regarding the new hand towel hooks and towel bars

85a - Sanitary Conditions (continued)

and their intended use. Documentation will be kept.

Documentation provided at on-site verification on 9/12/2022.

102i - Soap Dispenser**1. Requirements**

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

On 8/3/22, at approximately 10:26 a.m., there was no soap dispenser at the sink in the shared resident bathroom in bedroom 201.

Plan of Correction**Accept**

Immediate Action: On 8/3/2022 Maintenance Director, Maintenance Manager & Housekeeping Supervisor were educated on Sanitary Conditions 2600.85a. 8/3/2022, bar soap was removed and replaced with liquid soap dispenser in the bathroom sink of room 201.

Action: 8/4/2022 Maintenance Manager audited double occupancy rooms for unlabeled bar soap and replaced it with liquid hand soap. Housekeeping Supervisor will ensure an adequate amount of liquid hand soap is available. Staff will be educated by 9/9/2022 on Regulation 2600.102j to ensure compliance with regulation. Documentation will be kept.

Action Plan: On 8/4/2022 Maintenance Manager created an audit tool for the soap dispensers. Maintenance Manager/Designee will audit the soap dispenser 2x monthly for one month and 1x monthly for 3 months to ensure no unlabeled bar soap is present and/or presence of liquid hand soap to ensure compliance with Regulation 2600.102.i. Residents in double occupancy rooms will be provided with an educational letter regarding unlabeled bar soap replaced with liquid hand soap. Documentation will be kept

Completion Date: 09/30/2022

Document Submission**Implemented**

Immediate Action: On 8/3/2022 Maintenance Director, Maintenance Manager & Housekeeping Supervisor were educated on Sanitary Conditions 2600.85a. 8/3/2022, bar soap was removed and replaced with liquid soap dispenser in the bathroom sink of room 201.

Action: 8/4/2022 Maintenance Manager audited double occupancy rooms for unlabeled bar soap and replaced it with liquid hand soap. Housekeeping Supervisor will ensure an adequate amount of liquid hand soap is available. Staff will be educated by 9/9/2022 on Regulation 2600.102j to ensure compliance with regulation. Documentation will be kept.

Action Plan: On 8/4/2022 Maintenance Manager created an audit tool for the soap dispensers. Maintenance Manager/Designee will audit the soap dispenser 2x monthly for one month and 1x monthly for 3 months to ensure no unlabeled bar soap is present and/or presence of liquid hand soap to ensure compliance with Regulation 2600.102.i. Residents in double occupancy rooms will be provided with an educational letter regarding unlabeled bar soap replaced with liquid hand soap. Documentation will be kept

Documentation provided at on-site verification on 9/12/2022.

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 on 4/29/22, 6/28/22 and 7/29/22 does not include the number of residents evacuated.

Plan of Correction

Accept

Immediate Action: On 8/3/2022 Maintenance Director/Maintenance Manager/Receptionist were educated on 2600.132c Fire Drill Records and how to properly complete the Fire Drill Record.

Action: A fire drill will be completed on/or before August 31, 2022, to ensure compliance with regulation 2600. Staff will be educated on Fire Drill Records 2600.132c by 9/9/2022. Documentation will be kept.

Action Plan: 8/25/2022 PCHA created an audit tool for the Fire Drill Record to ensure it is completed properly and that it includes the number of residents evacuated. PCHA/Designee will audit monthly for 6 months to ensure compliance with 2600.132c. Documentation will be kept.

Completion Date: 09/30/2022

Document Submission

Implemented

Immediate Action: On 8/3/2022 Maintenance Director/Maintenance Manager/Receptionist were educated on 2600.132c Fire Drill Records and how to properly complete the Fire Drill Record.

Action: A fire drill will be completed on/or before August 31, 2022, to ensure compliance with regulation 2600. Staff will be educated on Fire Drill Records 2600.132c by 9/9/2022. Documentation will be kept.

Action Plan: 8/25/2022 PCHA created an audit tool for the Fire Drill Record to ensure it is completed properly and that it includes the number of residents evacuated. PCHA/Designee will audit monthly for 6 months to ensure compliance with 2600.132c. Documentation will be kept.

Documentation provided at on-site verification on 9/12/2022.

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

The medical evaluation for resident #1, dated [REDACTED]/22 does not include a list of the resident's medications.

The most recent medical evaluation for resident #2 was completed on [REDACTED]/2021.

Plan of Correction

Accept

Immediate Action: 8/24/2022 Director of Wellness was educated on 2600.141.b1. [REDACTED]/2022 Resident #1 DME was signed by the physician; DME included the resident's medications. [REDACTED]/2022 Resident #2 DME was signed by the physician.

Action: An audit of all DMEs will be completed by 8/31/2022 to ensure compliance with regulation 2600.141.b1. If

141b1 - Annual Medical Evaluation (continued)

any DME are found to be out of compliance, noncompliance will be documented and a new DME containing the resident's medication list will be sent to the physician for signature. Staff will be educated on 2600.141.b1 by 9/9/2022. Documentation will be kept.

Action Plan: 8/25/2022 PCHA created an audit tool for the DME to ensure they are completed at least annually and that they contain a list of the medications. PCHA/Designee will audit monthly until the next Annual Survey to ensure compliance with 2600.141.b1. Documentation will be kept.

Completion Date: 09/30/2022

Document Submission**Implemented**

Immediate Action: 8/24/2022 Director of Wellness was educated on 2600.141.b1. 8/10/2022 Resident #1 DME was signed by the physician; DME included the resident's medications. 8/10/2022 Resident #2 DME was signed by the physician.

Action: An audit of all DMEs will be completed by 8/31/2022 to ensure compliance with regulation 2600.141.b1. If any DME are found to be out of compliance, noncompliance will be documented and a new DME containing the resident's medication list will be sent to the physician for signature. Staff will be educated on 2600.141.b1 by 9/9/2022. Documentation will be kept.

Action Plan: 8/25/2022 PCHA created an audit tool for the DME to ensure they are completed at least annually and that they contain a list of the medications. PCHA/Designee will audit monthly until the next Annual Survey to ensure compliance with 2600.141.b1. Documentation will be kept.

Documentation provided at on-site verification on 9/12/2022.

227g -Support Plan Signatures**1. Requirements**

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

The support plan for resident #3, dated [REDACTED]/22, is not signed by the resident and does not indicate if the resident was unable to participate, declined to participate, refused to sign or was unable to sign.

Plan of Correction**Accept**

Immediate Action: 8/24/2022 Director of Wellness was educated on 2600.227g. 8/25/2022 Resident #3 Support Plan was corrected as the error was an omission by the Director of Wellness. Resident #3 was unable to participate however the box wasn't checked to reflect this status.

Action: An audit of all Support Plan will be completed by 9/2/2022 to ensure compliance with regulation 2600.227.g. If any Support Plans are found to be out of compliance, noncompliance will be documented and a new Support Plan will indicate if the resident was unable to participate, declined to participate, refused to sign or was unable to sign. Staff will be educated on 2600.227.g by 9/9/2022. Documentation will be kept.

Action Plan: 8/25/2022 PCHA created an audit tool for the Support Plan to ensure they are completed at least annually, and that resident participation is indicated. PCHA/Designee will audit monthly until the next Annual Survey to ensure compliance with 2600.227.g. Documentation will be kept.

Completion Date: 09/30/2022

Document Submission**Implemented**

Immediate Action: 8/24/2022 Director of Wellness was educated on 2600.227g. 8/25/2022 Resident #3 Support

227g -Support Plan Signatures (continued)

Plan was corrected as the error was an omission by the Director of Wellness. Resident #3 was unable to participate however the box wasn't checked to reflect this status.

Action: An audit of all Support Plan will be completed by 9/2/2022 to ensure compliance with regulation 2600.227.g. If any Support Plans are found to be out of compliance, noncompliance will be documented and a new Support Plan will indicate if the resident was unable to participate, declined to participate, refused to sign or was unable to sign. Staff will be educated on 2600.227.g by 9/9/2022. Documentation will be kept.

Action Plan: 8/25/2022 PCHA created an audit tool for the Support Plan to ensure they are completed at least annually, and that resident participation is indicated. PCHA/Designee will audit monthly until the next Annual Survey to ensure compliance with 2600.227.g. Documentation will be kept.

Documentation provided at on-site verification on 9/12/2022.