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

December 19, 2022

[redacted], ADMINISTRATOR
WASHINGTON MANOR PERSONAL CARE HOME LLC
320 SOUTH WASHINGTON STREET
[redacted]
BUTLER, PA, 16003

RE: WASHINGTON MANOR PERSONAL CARE HOME LLC
320 SOUTH WASHINGTON STREET
BUTLER, PA, 16003
LICENSE/COC#: 44863

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/15/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[redacted]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *WASHINGTON MANOR PERSONAL CARE HOME LLC* **License #**: *44863* **License Expiration**: *11/27/2022*

Address: *320 SOUTH WASHINGTON STREET, BUTLER, PA 16003*

County: *BUTLER* **Region**: *WESTERN*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *WASHINGTON MANOR PERSONAL CARE HOME LLC*

Address: *320 SOUTH WASHINGTON STREET,* [redacted] *, BUTLER, PA, 16003*

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *07/24/1985* **Issued By**: *Dept. of Labor & Industry*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *25* **Waking Staff**: *19*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal* **Exit Conference Date**: *08/15/2022*

Inspection Dates and Department Representative

08/15/2022 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *25* **Residents Served**: *25*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *20* **Are 60 Years of Age or Older**: *17*

Diagnosed with Mental Illness: *24* **Diagnosed with Intellectual Disability**: *1*

Have Mobility Need: *0* **Have Physical Disability**: *0*

Inspections / Reviews

08/15/2022 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/12/2022*

10/18/2022 - POC Submission

Submitted By: [redacted] **Date Submitted**: *12/18/2022*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/25/2022*

Inspections / Reviews *(continued)*

12/09/2022 POC Submission

Submitted By: [redacted] **Date Submitted:** *12/18/2022*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *12/16/2022*

12/19/2022 Document Submission

Submitted By: [redacted] **Date Submitted:** *12/18/2022*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

86b Bathroom

1. Requirements

2600.
86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The fan in the 2nd floor common bathroom is inoperable.

POC Submission ***Accept [redacted] - 10/18/2022)***

The administrator does checks on the facility daily but had been away for vacation and returned late on 08-14-2022. The inspection was conducted on the morning of 08-15-2022 and the administrator had not used his physical site checklist to inspect the facility. A new bath fan was purchased on 08-16-2022 and installed. The administrator does all repairs and doesn't hire outside workers to enter the facility as a COVID protection for the residents/staff. To avoid violations of this regulation in the future the administrator will continue daily inspections using the physical site checklist. The care home doesn't agree with this violation and finds it unfair.

Licensee's Plan Completion Date: *09/11/2022*

Implemented ([redacted] - 12/19/2022)

90b Staff Communication

2. Requirements

2600.
90.b. For a home serving 9 or more residents, there shall be a system or method of communication that enables staff persons to immediately contact other staff persons in the home for assistance in an emergency.

Description of Violation

The home does not have a system that allows staff in different parts of the home to communicate with each other in an emergency. On 8/15/22, the home served 25 residents.

POC Submission ***Accept ([redacted] - 12/09/2022)***

The care home strongly disagrees with this violation. As pointed out at the time of inspection the care home has had working telephones for years on all floors, plus each staff member has their own personal cell phone device with them. Communication is easily done between staff members and it has never been a problem. To ensure this regulation is followed and to avoid future violations the care home administrator will continue to have the phones on all floors operable, emergency contact numbers posted and have staff carry their own phone devices. The care home policy posted on emergency communications should be followed as posted and reviewed in our staff meeting on Saturday September 10, 2022. The administrator and manager will review immediately after an emergency, and quarterly at quality management meetings, how staff communicated in an emergency event if one has occurred.

Licensee's Plan Completion Date: *11/06/2022*

Implemented ([redacted] - 12/19/2022)

92 Windows

3. Requirements

92 - Windows *(continued)*

2600.
92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

There is no screen in the dining room window facing the street and nearest to the porch.

POC Submission ***Accept (- 12/09/2022)***

The window specified the administrator doesn't recall even being opened during the inspection, the dining room has three windows and one, on the inspection date, had an air conditioner unit running in it. The specified window had an air conditioner unit that was no longer working recently removed from it and the screen had not been brought back from storage. To avoid violations of this regulation in the future the administrator will remove the faulty air conditioner unit and replace the screen immediately. The screen was found in the storage area and put back in the window on 08-17-2022. Screen checks are on the physical site checklist and will be conducted monthly by the administrator.

Licensee's Plan Completion Date: *11/06/2022*

Implemented - 12/19/2022)

101j1 - Mattress Fire Retardant

4. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
1. A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident. A legal entity with a personal care home license for the home as of October 24, 2005, shall be exempt from the requirement for a fire retardant mattress.

Description of Violation

There is an approximate 1" x 1 1/2" hole exposing metal springs in resident #1's mattress.

POC Submission ***Accept (- 12/09/2022)***

The administrator has relied on the direct care staff to inform him of mattresses that are declining in their condition. The mattress was replaced on 08-16-2022 right after the inspection (receipt attached). To avoid future violations of this regulation the administrator has created a quarterly mattress checklist, beginning 09-11-2022, and the administrator will conduct inspections of all mattresses.

Licensee's Plan Completion Date: *11/06/2022*

Implemented (- 12/19/2022)

103f - Refrigerator/Freezer Temps

5. Requirements

2600.
103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

At 11:40am the temperature in the basement bedroom freezer was 20 degrees Fahrenheit and at 1:05pm it was 0 degrees Fahrenheit.

103f Refrigerator/Freezer Temps *(continued)*

POC Submission ***Accept [redacted] - 12/09/2022)***

The care home disagrees with this violation. The care home has freezer temperature documentation on the wall at the time of inspection showing that an inspection was already done for the day and the temperature recorded was in the zero range. The thermometer was near the lid and the freezer was being frequently opened for meal preparation which gave an error reading. When the thermometer was placed lower and lid kept closed it went down to 0 degrees. The care home placed several thermometers in each freezer/refrigerator on 08 16 2022, daily temperature checks will continue (08 16 2022), thermometers present in each freezer/refrigerator will be checked daily by the administrator/manager.

Licensee's Plan Completion Date: *11/06/2022*

Implemented [redacted] - 12/19/2022)

6. Requirements

2600.
103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

There was no thermometer in the pantry chest freezer at 11:33am.

POC Submission ***Accept ([redacted] - 12/09/2022)***

At the time of inspection the pantry freezer had documentation showing that the temperature was recorded for that date at 0 degrees. The direct staff member that completed the inspection did not place the thermometer back in the freezer. The adminsitrator has several new thermometers at all times and replaced it. To avoid future violations of this regulation the administrator has placed at least two thermometers in each freezer to ensure that one will be present on 08 16 2022. The administrator and manager will check daily (prior to and starting 08 16 2022) using the physical site checklist to make certain all thermometers are present after recording the daily temperature.

Licensee's Plan Completion Date: *11/06/2022*

Implemented ([redacted] - 12/19/2022)

141a - Medical Evaluation

7. Requirements

2600.
141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident #1's medical evaluation was not completed within 60 days prior to admission or within 30 days after admission of the resident.

POC Submission ***Accept ([redacted] - 12/09/2022)***

We received Resident#1 a few days after our house physician made his monthly visit. The next scheduled visit was easily within 30 days to see resident #1 for the house physician but, unfortunately, the physician cancelled and came a few days later causing the medical evaluation to be a few days late. To avoid violations in the future of this regulation the care home will continue to utilize the home's physician and alternate medical facilities in case of cancellations when scheduling is done for medical evaluations by the administrator/manager. As of 08 17 2022 the administrator and manager have reviewed all resident files and found all complete with proper medical

141a Medical Evaluation (continued)

evaluations. To avoid future violations the administrator and manager will review new resident admissions within 5 days of entry to ensure medical evaluations were conducted within 60 days prior to admission or scheduled to be conducted within 30 days by the home's house physician.

Licensee's Plan Completion Date: *11/06/2022*

Implemented [redacted] - 12/19/2022)

225c - Additional Assessment

8. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #1's medical evaluation, dated [redacted], indicates the resident has a diagnosis of [redacted] and [redacted]. However, resident #1's support plan, dated [redacted], was not updated to include these diagnoses.

POC Submission ***Accept ([redacted] - 12/09/2022)***

Resident #1's support plan has been updated (see attached, updated 08 16 2022). To avoid future violations of this regulation the administrator and manager will review all support plan's with new resident's medical evaluations within 48 hours of their issuance. The administrator and manager have reviewed all resident support plans as of 08 20 2022 and will continue to review all support plans especially if a resident has a significant health/ medication change immediately, plus quarterly to review due dates for annual evaluations.

Licensee's Plan Completion Date: *11/06/2022*

Implemented [redacted] - 12/19/2022)

227d - Support Plan Medical/Dental

9. Requirements

2600.
227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

POC Submission ***Accept [redacted] - 12/09/2022)***

The support plan has been updated to include this information on care services on 08 16 2022 (see attached). The administrator and manager have review all support plans as of 09 04 2022 to ensure this information is present and, when annually renewed, the administrator and manager will review that this information is present to ensure no violations of this requirement occur again.

227d - Support Plan Medical/Dental *(continued)*

Licensee's Plan Completion Date: *11/06/2022*

Implemented [redacted] - 12/19/2022)