



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: October 14, 2022

[REDACTED]
Southwestern Healthcare Operations LLC
512 North Lewis Run Road
Pittsburgh, Pennsylvania 15122

RE: The Residence at Arrowood
512 North Lewis Run Road
Pittsburgh, Pennsylvania 15122
License/COC#: 452150

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on August 16, 2022, and August 17, 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: *03/10/1997* Issued By: *Borough of Pleasant Hills*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *39* Waking Staff: *29*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Incident, Monitoring* Exit Conference Date: *08/17/2022*

Inspection Dates and Department Representative

08/16/2022 - On-Site: [REDACTED]
08/17/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *84* Residents Served: *28*

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: *28*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *11* Have Physical Disability: *0*

Inspections / Reviews

08/16/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/11/2022*

Inspections / Reviews (*continued*)

09/06/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *09/09/2022*

09/06/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *09/08/2022*

09/08/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Exception*

Follow-Up Date:

3c - Post Current License**1. Requirements**

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 8/16/22 at 11:30 a.m., the only licensing inspection summaries (LIS) posted on the glass enclosed bulletin board in the home's entry way were dated 4/15/22 and 11/2/21. The license inspection summaries from the following dates were not posted: 7/15/21, 2/2/22, 7/7/22, 8/4/21, and 6/22/21 et al.

Plan of Correction**Accept**

On 8-17-22 all inspection reports were posted.

Administrator in-serviced all managers on regulation 3c on 8-25-22.

Administrator or designee will audit monthly to ensure all survey reports are posted per regulation 3c.

Completion Date: 09/05/2022

Document Submission

On 8-17-22 all inspection reports were posted.

Administrator in-serviced all managers on regulation 3c on 8-25-22.

Administrator or designee will audit monthly to ensure all survey reports are posted per regulation 3c. See attached

18 - Compliance With Laws**1. Requirements**

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Clean Indoor Air Act (CIAA), Act 27 of 2008, prohibits smoking in public places and workplaces. The CIAA also requires that no smoking signs or the international no smoking symbol must be prominently posted and properly maintained where smoking is not permitted. However, on 8/16/22 at 11:15 a.m., there were no signs posted at the main entrance to the home.

Plan of Correction**Accept**

On 8-16-22 a no smoking sign was immediately posted in entry way of building.

Administrator in-serviced all managers on 8-25-22 on regulation 18 .

Administrator or designee will audit presence of no smoking signage monthly per regulation 18.

Completion Date: 09/05/2022

Document Submission

On 8-16-22 a no smoking sign was immediately posted in entry way of building.

Administrator in-serviced all managers on 8-25-22 on regulation 18 .

Administrator or designee will audit presence of no smoking signage monthly per regulation 18. See attached

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

2600.

- 85.a. Sanitary conditions shall be maintained.

85a - Sanitary Conditions (continued)**Description of Violation**

On 8/16/22 at 9:50 a.m., the window in Room #146 has an accumulation of dead bugs and dirt in the bottom window track.

On 8/16/22 at 12:35 a.m., the toilet in the bathroom of resident room #339 had vertical streaks of liquid fecal matter under the rim extending to the water line. Toilet had been flushed. The outer rim of the bowl had dirt and hairs stuck on it.

Plan of Correction**Accept**

On 8-16-22 bathroom in 339 was immediately cleaned. On the evening of 8-16-22 the window in 146 was cleaned. On 8-25-22 housekeeping staff was in-serviced regarding regulation 85a.

Housekeeping staff to clean windows bi-annually and as needed. Housekeeping to increase cleaning to resident 339 room to twice weekly and as needed to ensure sanitary conditions per regulation 85a.

Completion Date: 09/05/2022

Document Submission

On 8-16-22 bathroom in 339 was immediately cleaned. On the evening of 8-16-22 the window in 146 was cleaned. On 8-25-22 housekeeping staff was in-serviced regarding regulation 85a.

Housekeeping staff to clean windows bi-annually and as needed. Housekeeping to increase cleaning to resident 339 room to twice weekly and as needed to ensure sanitary conditions per regulation 85a. See attached

95 - Furniture and Equipment**1. Requirements**

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 8/16/22 at 12:35 p.m., the brown faux leather recliner with tufted back in resident room #339 had a 21" X 12" area where the leather finish is completely rubbed off. Much of the finish is also worn off both arm rests.

Plan of Correction**Accept**

On 8-17- 22 chair was removed from room 339. Staff in-serviced on 8-24 and 8-25-22 regarding regulation 95. Administrator or designee will conduct weekly rounds of resident rooms to ensure all furniture and equipment is clean and in good repair per regulation 95.

Completion Date: 09/05/2022

Document Submission

On 8-17- 22 chair was removed from room 339. Staff in-serviced on 8-24 and 8-25-22 regarding regulation 95. Administrator or designee will conduct weekly rounds of resident rooms to ensure all furniture and equipment is clean and in good repair per regulation 95. See attached

101j7 - Lighting/Operable Lamp**1. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 8/16/22 at 12:48 p.m., there was no operable lamp or other source of lighting that can be turned on at bedside in

101j7 - Lighting/Operable Lamp (continued)

room #356.

REPEAT VIOLATION 6/22/21 et al

Plan of Correction**Accept**

Table with light source was immediately placed in reach of bed. Direct care staff and all managers in-serviced on 8-24 and 8-25 on regulation 101j.

Administrator or designee will conduct weekly audits to ensure lighting source is within reach from bed to ensure compliance of regulation 101j.

Completion Date: 09/05/2022

Document Submission

Table with light source was immediately placed in reach of bed. Direct care staff and all managers in-serviced on 8-24 and 8-25 on regulation 101j.

Administrator or designee will conduct weekly audits to ensure lighting source is within reach from bed to ensure compliance of regulation 101j. See attached

107c - Food/Water 3 Day Supply**1. Requirements**

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On 8/16/22 at 3:55 p.m., the home served 28 residents requiring 84 gallons of emergency drinking water to be onsite. However, the home had only 12.67 gallons of emergency water on site. The existing emergency water contract with Sysco does not include the following:

* The amount of water to be delivered.

* A guarantee that the water will be delivered immediately upon request.

* A guarantee that the water will be delivered as a priority even in the event of a regional general emergency.

Plan of Correction**Accept**

On 8-17-22 a corrected water letter and an adequate water supply was placed in the home. 8-25-22 kitchen staff was in-serviced on regulation 107c. Kitchen manager or designee will conduct monthly audits of water supply to ensure compliance with regulation 107c and reorder water as needed.

Completion Date: 09/05/2022

Document Submission

On 8-17-22 a corrected water letter and an adequate water supply was placed in the home. 8-25-22 kitchen staff was in-serviced on regulation 107c. Kitchen manager or designee will conduct monthly audits of water supply to ensure compliance with regulation 107c and reorder water as needed. See attached

132a - Monthly Fire Drill**1. Requirements**

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

The home's fire drill record indicates that no fire drill was conducted in December 2021. There was only a notation stating "COVID."

132a - Monthly Fire Drill (continued)

Plan of Correction

Accept

8-25-22 All managers were in-serviced regarding fire drill procedure . Fire drills from January 2022 to current have been conducted per the regulation 132a . Administrator or designee will monitor fire drill records monthly to ensure full compliance of regulation 132a

Completion Date: 09/06/2022

Document Submission

8-25-22 All managers were in-serviced regarding fire drill procedure . Fire drills from January 2022 to current have been conducted per the regulation 132a . Administrator or designee will monitor fire drill records monthly to ensure full compliance of regulation 132a See attached

132h - Designated Meeting Place

1. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

According to resident interviews, residents are not routinely evacuated to a designated fire safe area during fire drills.

Plan of Correction

Accept

Requesting further review and removal of this violation due to: Fire drill record documentation for January of 2022 through August 2022 supports compliance of regulation 132h indicating that all residents were evacuated to a designated meeting place for each monthly drill. On 8-19-22 a review of fire evacuation procedures was conducted with residents. All managers and direct care staff were in-serviced on regulation 132h. Administrator or designee will continue monitor fire drills monthly to ensure residents are being evacuated per regulation.

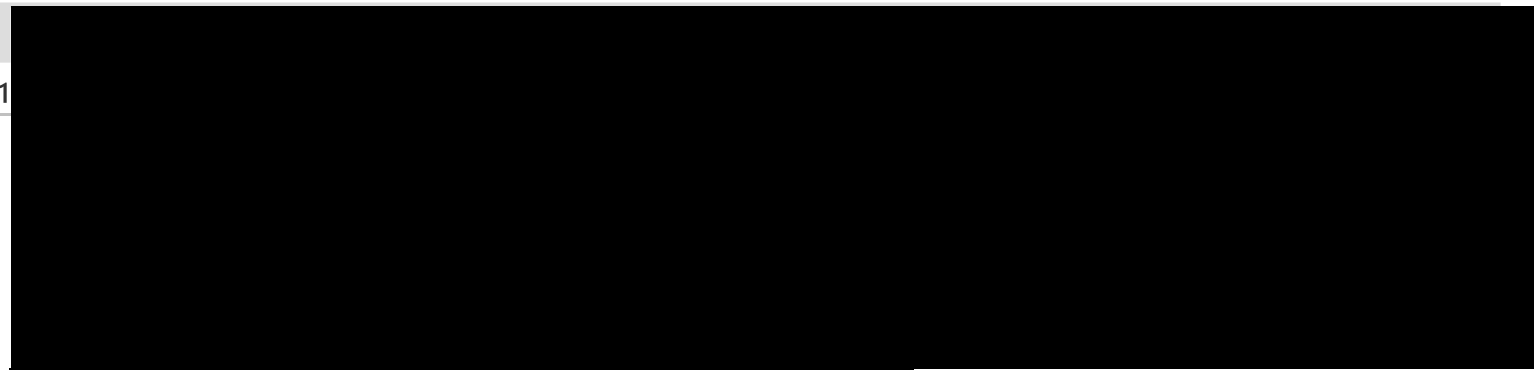
Completion Date: 09/05/2022

Document Submission

Requesting further review and removal of this violation due to: Fire drill record documentation for January of 2022 through August 2022 supports compliance of regulation 132h indicating that all residents were evacuated to a designated meeting place for each monthly drill. On 8-19-22 a review of fire evacuation procedures was conducted with residents. All managers and direct care staff were in-serviced on regulation 132h. Administrator or designee will continue monitor fire drills monthly to ensure residents are being evacuated per regulation. See attached

[REDACTED]

VIOLATION WITHDRAWN 9/8/22 JK



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VIOLATION WITHDRAWN 9/8/22 JK

