



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAILING DATE: DECEMBER 6, 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#: 45215

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on November 7, 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,

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *37* Waking Staff: *28*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Monitoring* Exit Conference Date: *11/07/2022*

Inspection Dates and Department Representative

11/07/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *84* Residents Served: *27*

Secured Dementia Care Unit

In Home: <i>No</i>	Area:	Capacity:	Residents Served:
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Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: <i>0</i>	Are 60 Years of Age or Older: <i>27</i>
Diagnosed with Mental Illness: <i>16</i>	Diagnosed with Intellectual Disability: <i>0</i>
Have Mobility Need: <i>10</i>	Have Physical Disability: <i>1</i>

Inspections / Reviews

11/07/2022 - Partial

Lead [REDACTED] [REDACTED] Follow-Up Type:

183e - Storing Medications

1. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident #1 is ordered Ozempic – inject 2mg subcutaneously weekly. At 12:05 p.m., there was a Ziploc bag containing an injection pen of this medication that was not dated when opened.

Plan of Correction

Directed (█ - 11/22/2022)

DIRECTED

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall replace the Ozempic medication at the cost of the home. The medication shall be dated when opened by the staff person opening the medication. 11/10/22 █

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall conduct an audit of all resident medications, including open dates, to ensure compliance with Regulation 2600.183(e). 11/10/22 █

Within 15 calendar day of receipt of the accepted plan of correction: The administrator shall educate all staff persons qualified to administer medications on the requirements of Regulation 2600.183(e) including marking open dates on all medications required to have open dates. Documentation of education shall be kept. 11/10/22 █

Within 30 calendar days of receipt of the accepted plan of correction: The administrator shall conduct a monthly audit of all resident medications, including open dates, to ensure compliance with Regulation 2600.183(e). 11/10/22 █

Directed Completion Date:

184a - Resident's Meds Labeled

2. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #1 is ordered Ozempic – inject 2mg subcutaneously weekly. However, at 12:05 p.m., there was a Ziploc bag with pharmacy label that indicates Ozempic 4mg/3ml SOPN – inject 1 mg subcutaneously 1X weekly. There was no "directions changed" sticker on the pharmacy label.

REPEAT VIOLATION 8/16/22 et al

Plan of Correction

Directed (█ 11/10/2022)

DIRECTED

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall confirm the medication orders with the prescriber. The administrator or designated RN/LPN shall place the directions changed sticker on the label or obtain a new label from the pharmacy. 11/10/22 █

184a - Resident's Meds Labeled (continued)

Within 5 calendar days of receipt of the accepted plan of correction: The administrator or designated staff person qualified to administer medications shall complete an initial and weekly audit of all resident prescription orders, MARs, and medication container labels to ensure accuracy and completeness in accordance with Regulation 2600.184(a). Documentation of audits shall be kept. 11/10/22

Within 15 calendar days of receipt of the accepted plan of correction: The administrator shall educate all staff persons qualified to administer medications on the requirements of Regulation 2600.184(a). Documentation of education shall be kept. 11/10/22

Directed Completion Date:

187d - Follow Prescriber's Orders**3. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is ordered Humalog Kwikpen 100U/ML – Check blood sugar four times daily with meals and at bedtime and inject subcutaneously per sliding scale <70 hypoglycemia protocol 70-130=0U 131-180=2U 181-240=4U 241-300=6U 301-350=8U 351-400=10U 401-450=12U 451-500=14U; >500=16U and call MD. However, the incorrect number of units were administered as follows:

** On 11/1/22 at 9:00 p.m., the resident's blood glucose measured 343 requiring 8 units of insulin to be administered. However, 10 units were administered.*

** On 11/2/22 at 5:30 p.m., the resident's blood glucose measured 344 requiring 8 units of insulin to be administered. However, 10 units were administered.*

** On 11/3/22 at 9:00 p.m., the resident's blood glucose measured 391 requiring 10 units of insulin to be administered. However, 12 units were administered.*

REPEAT VIOLATION 7/7/22

Plan of Correction

Directed - 11/10/2022)

DIRECTED

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall file an incident report with the Department's regional office for the medication errors. The medication errors shall be made a permanent part of the resident's record. 11/10/22

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall notify the residents and their designated person of the medication errors. Documentation of notification shall be kept. 11/10/22

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall notify the prescriber of the medication and follow any instructions the prescriber indicates. Documentation of the notification and any instructions the prescriber indicates shall be kept. 11/10/22

Within 5 calendar days of receipt of the accepted plan of correction: The administrator or designated staff person qualified to administer medications shall complete an initial and weekly audit of all resident prescription MARs, to ensure accuracy and completeness in accordance with Regulation 2600.187(a). Documentation of audits shall be kept. 11/10/22

187d - Follow Prescriber's Orders (continued)

Within 15 calendar days of receipt of the accepted plan of correction: The administrator shall educate all staff persons qualified to administer medications on the requirements of Regulation 2600.187(d). Documentation of education shall be kept. 11/10/22

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall initiate a weekly observations of all staff persons qualified to administer medications performing a medication pass. Documentation of audits shall be kept. 11/10/22

Directed Completion Date:

227c - Support Plan Revision**4. Requirements**

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident #2's significant change assessment completed indicated that the resident had begun receiving hospice services. However, the resident's support plan does not specify the care and services that hospice is providing.

Plan of Correction

Directed 11/10/2022)

DIRECTED

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall update resident #2's support plan to include the specific care and services hospice is providing. 11/10/22

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall conduct a review of all resident support plans to ensure accuracy and completeness. 11/10/22

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall initiate a process to have a review of all newly completed resident support plans reviewed for accuracy and completeness. 11/10/22

Directed Completion Date: