

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

May 1, 2023

[REDACTED]  
PRESBYTERIAN SENIORCARE  
954 REDSTONE ROAD  
WASHINGTON, PA, 15301

RE: WOODSIDE PLACE OF  
WASHINGTON OF PRESBYTERIAN  
SENIORCARE  
954 REDSTONE ROAD  
WASHINGTON, PA, 15301  
LICENSE/COC#: 45099

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/13/2023, 03/14/2023 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: WOODSIDE PLACE OF WASHINGTON OF  
PRESBYTERIAN SENIORCARE

License #: 45099

License Expiration: 02/24/2024

Address: 954 REDSTONE ROAD, WASHINGTON, PA 15301

County: WASHINGTON

Region: WESTERN

## Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

## Legal Entity

Name: PRESBYTERIAN SENIORCARE

Address: 954 REDSTONE ROAD, WASHINGTON, PA, 15301

Phone: [REDACTED]

Email: [REDACTED]

## Certificate(s) of Occupancy

Type: 1 2

Date: 12/12/2019

Issued By: outh Strabane Township

## Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 70

Waking Staff: 53

## Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal

Exit Conference Date: 03/14/2023

## Inspection Dates and Department Representative

03/13/2023 On Site [REDACTED]

03/14/2023 On Site [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: 36

Residents Served: 35

## Special Care Unit

In Home: Yes

Area: Entire Facility

Capacity: 36

Residents Served: 35

## Hospice

Current Residents: 4

## Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 35

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 35

Have Physical Disability: 0

## Inspections / Reviews

## 03/13/2023 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 04/01/2023

Inspections / Reviews (*continued*)

## 03/31/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/28/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 04/07/2023

## 04/10/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/28/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/17/2023

## 05/01/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/28/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

## 101j7 Lighting/operable lamp

**1. Requirements**

2800.

101.j. Each resident shall have the following in the living unit:

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

**Description of Violation**

On 3/13/23 at approximately 11:47 a.m. the lamp on the bedside table in resident #1's resident living unit [REDACTED] was not operational, the filament inside the lightbulb was broken.

**Plan of Correction**

Accept [REDACTED] 03/31/2023)

A battery-operated light was placed in the room immediately.

A new bulb for the existing lamp was ordered, as this is a personal lamp, and the required bulb is not a stocked item.

An audit was completed on 3/17/2023 of all lamps by the Executive Director to ensure that all lamps were in working order.

Current team members are being in-serviced on regulation 2800.101.j

Current team members were given instruction on the proper communication line to have a light bulb replaced that we do not stock.

Monthly rounds x 3 will be completed by the Executive Director to ensure that all lamps are in working order.

Licensee's Proposed Overall Completion Date: 03/30/2023

Implemented [REDACTED] - 05/01/2023)

## 101r Emergency notification

**2. Requirements**

2800.

101.r. Each living unit must be equipped with an emergency notification system to notify staff in the event of an emergency.

**Description of Violation**

On 3/13/23 at approximately 11:30 a.m., there was no emergency notification system in resident living unit [REDACTED] belonging to resident #2.

On 3/13/23 at approximately 11:45 a.m., there was no emergency notification system in resident living unit [REDACTED] belonging to resident #1.

On 3/13/23 at approximately 12:15 p.m., there was no emergency notification system in resident living unit [REDACTED] belonging to resident #3.

On 3/13/23 at approximately 12:25 p.m., there was no emergency notification system in resident living unit [REDACTED] belonging to resident #4.

**Plan of Correction**

Accept [REDACTED] - 04/10/2023)

A pendent was issued to each individual resident to satisfy regulation 2800.101.r

A stationary pull cord, emergency notification system was ordered for each living unit on 03/24/2023

The system will be installed by the maintenance team once received, there is no ETA at this time

The Maintenance Director will ensure each system is in working order after installation and checked monthly.

Licensee's Proposed Overall Completion Date: 04/30/2023

101r Emergency notification (*continued*)*Implemented (JK 05/01/2023)*

## 102n Bathroom – emerg. notif.

**3. Requirements**

2800.

102.n. Each bathroom must be equipped with an emergency notification system to notify staff in the event of an emergency.

**Description of Violation**

On 3/13/23 at approximately 11:30 a.m., the bathroom located in resident living unit [REDACTED] belonging to resident #2 did not have an emergency notification system.

On 3/13/23 at approximately 11:45 a.m., the bathroom located in resident living unit [REDACTED] belonging to resident #1 did not have an emergency notification system.

On 3/13/23 at approximately 12:15 p.m., the bathroom located in resident living unit [REDACTED] belonging to resident #3 did not have an emergency notification system.

On 3/13/23 at approximately 12:25 p.m., the bathroom located in resident living unit [REDACTED] belonging to resident #4 did not have an emergency notification system.

**Plan of Correction****Accept [REDACTED] - 04/10/2023)**

A pendent was issued to each individual resident to satisfy regulation 2800.101.r

A stationary pull cord, emergency notification system was ordered for each bathroom on 03/24/2023

The system will be installed by the maintenance team once received, there is no ETA at this time

The Maintenance Director will ensure each system is in working order after installation and checked monthly

**Licensee's Proposed Overall Completion Date: 04/30/2023**

**Implemented [REDACTED] - 05/01/2023)**

## 132b Safety inspection/fire drill

**4. Requirements**

2800.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

**Description of Violation**

The last supervised fire drill conducted by a fire safety expert was 12/28/21.

**Plan of Correction****Accept [REDACTED] - 03/31/2023)**

A supervised fire drill was conducted on 03/21/2023 by [REDACTED] and documented.

The annual supervised drill will be scheduled by the current Executive Director annually. If our local Fire Department cannot support the need to conduct the drill timely an independent Fire Safety expert will be scheduled to conduct the drill within the regulatory time frame.

The DHS binder will be audited annually x 3 to ensure continued compliance.

**Licensee's Proposed Overall Completion Date: 03/30/2023**

## 132b Safety inspection/fire drill (continued)

Implemented [REDACTED] - 05/01/2023)

## 132c Fire drill records

## 5. Requirements

2800.

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 residence 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

On 1/31/22 at 3:03 p.m. the home conducted a fire drill. However, the fire drill record does not indicate the evacuation routes used at the time of the drill.

On 3/31/22 at 2:36 p.m. the home conducted a fire drill. However, the fire drill record does not indicate the evacuation routes used at the time of the drill.

## Plan of Correction

Accept [REDACTED] 04/10/2023)

The evacuation route was documented on the individual sheet that is used at the time of each drill.

The drills are then transferred to one spreadsheet and the evacuation route for the 2 drills cited were inadvertently omitted, the evacuation route was immediately transferred to said spreadsheet.

Review of transfer of all information was provided to the Administrative Assistant and the Director of Maintenance. Executive Director will check and verify that all information is transferred correctly monthly and as needed.

Licensee's Proposed Overall Completion Date: 03/31/2023

Implemented [REDACTED] 05/01/2023)

## 132d Evacuation

## 6. Requirements

2800.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the residence.

## Description of Violation

The residence does not have fire safe areas designated in writing in the past year by a fire safety expert. The residence does not have a safe evacuation time specified by a fire safety expert within the last year and residents were not evacuated to a public thoroughfare during fire drills ranging from 4/25/22 through 2/28/23 to include:

- On 8/30/22 at 2:49 p.m. the residence conducted a fire drill with an evacuation time of 8 minutes, exceeding the 2 minutes and 30 second evacuation time established by the Department.
- On 9/28/22 at 11:03 a.m. the residence conducted a fire drill with an evacuation time of 4 minutes exceeding the 2 minutes and 30 second evacuation time established by the Department.
- On 10/28/22 at 3:04 p.m. the residence conducted a fire drill with an evacuation time of 4 minutes exceeding the 2 minutes and 30 second evacuation time established by the Department.
- On 11/25/22 at 3:01 p.m. the residence conducted a fire drill with an evacuation time of 4 minutes exceeding the 2 minutes and 30 second evacuation time established by the Department.
- On 1/27/23 at 11:36 a.m. the residence conducted a fire drill with an evacuation time of 5 minutes, exceeding the 2

**132d Evacuation (continued)**

minutes and 30 second evacuation time established by the Department.

- On 2/28/23 at 3:03 p.m. the residence conducted a fire drill with an evacuation time of 9 minutes, exceeding the 2 minutes and 30 second evacuation time established by the Department.

**Plan of Correction**

Accept (█ - 04/10/2023)

A letter from our Fire Safety Expert was received on 03/21/2023 specifying our evacuation time of 6 minutes, and identification of where our fire safe areas are within the building after completing our Fire Safety inspection and witnessed Fire Drill

Fire Safety training for all team members will be conducted on 4/18/2023 by █ Fire Chief Executive Director will verify that all drills are conducted and completed within the allotted evacuation time monthly and as needed..

Licensee's Proposed Overall Completion Date: 04/30/2023

Implemented (█ - 05/01/2023)

**132g Fire drills – days/times****7. Requirements**

2800.

- 132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

**Description of Violation**

The residence routinely conducted it's 2022 calendar year sleeping hours fire drills during the hours of 5:00 a.m. to 6:00 a.m., the first drill on 6/29/22 was held at approximately 5:42 a.m. and the second drill on 12/20/22 was held at approximately 5:12 a.m. The previous sleeping hours fire drill was conducted on 12/23/21 and was held at approximately 5:37 a.m.

**Plan of Correction**

Accept (█ - 04/10/2023)

The next sleeping hour Fire Drill that is to be conducted will not be completed between the hours of 5a-6a, documentation will be kept.

Director of Maintenance was provided with on-site education from the inspector on regulation 2800.132.g Executive Director will verify that the sleeping hour fire drills will be held at different times of night, day of week, and time of the month..

Licensee's Proposed Overall Completion Date: 06/20/2023

Implemented (█ - 05/01/2023)

**162c Menus - posted****8. Requirements**

2800.

- 162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

**Description of Violation**

On 3/13/23 at approximately 12:04 p.m. the menus posted in the residence's dining areas are not dated and only indicate the current week's menu; the following week's menu is not posted in a conspicuous and public place in the residence.

162c Menus - posted (*continued*)**Plan of Correction**

Accept [REDACTED] 03/31/2023)

The menu dates were added and menus for the current week and the following week were posted at time of inspection.

The Director of Dining Services was provided with training on regulation 2800. 162.c along with the direct care team The Executive Director will ensure on-going compliance through routine rounds weekly x 4 then monthly x 3 of the neighborhoods.

Licensee's Proposed Overall Completion Date: 03/30/2023

Implemented [REDACTED] - 05/01/2023)

## 184a Resident meds labeled

**9. Requirements**

2800.

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

**Description of Violation**

On 3/13/23 at approximately 11:14 a.m. there was a four ounce tube of [REDACTED] in the drawer to the right of the hand sink in the locked first-floor common bathing room. However, there was no pharmacy label or indication of which resident the pain-relieving cream belonged to.

REPEAT VIOLATION 3/15/21 et. al.

**Plan of Correction**

Accept [REDACTED] - 03/31/2023)

The tube of [REDACTED] was immediately removed.

Team members were educated on regulation 2800.184.a on the need for all medications to be labeled with the resident's name and instructions for use.

The Director of Resident Services will audit, and complete routine rounds weekly x 4 then monthly x 3 to ensure on-going compliance.

Licensee's Proposed Overall Completion Date: 03/30/2023

Implemented [REDACTED] 05/01/2023)