

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

June 8, 2023

[REDACTED]
SOUTHWESTERN HEALTHCARE OPERATIONS LLC
512 NORTH LEWIS RUN ROAD
PITTSBURGH, PA, 15122

RE: THE RESIDENCE AT ARROWOOD
512 N LEWIS RUN ROAD
PITTSBURGH, PA, 15122
LICENSE/COC#: 45215

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/15/2023 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: 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: [REDACTED] Email: [REDACTED]

Legal Entity

Name: SOUTHWESTERN HEALTHCARE OPERATIONS LLC
 Address: 512 NORTH LEWIS RUN ROAD, PITTSBURGH, PA, 15122
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C 2 LP Date: 12/05/2013 Issued By: Borough of Pleasant Hills

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 31 Waking Staff: 23

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Monitoring Exit Conference Date: 03/15/2023

Inspection Dates and Department Representative

03/15/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 84 Residents Served: 24

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: 24
 Diagnosed with Mental Illness: 14 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 7 Have Physical Disability: 0

Inspections / Reviews

03/15/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/05/2023

05/05/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 05/12/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/12/2023

Inspections / Reviews *(continued)*

05/05/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/12/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/12/2023

06/08/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/12/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

At [redacted] resident #1 s [redacted] 2022 medication administration record was setting on top of a medication cart in the unlocked, unattended Director of Nursing s office, Suite [redacted]

At [redacted] p.m., there were multiple pieces of resident confidential information in the bottom drawer of the three drawer filing cabinet in the accessible and unattended Director of Nursing s office, Suite [redacted] to include:

* 19 Large manilla envelopes of information that has been thinned from resident records to include information for resident #2, resident #3, resident #4 and resident #5.

* A packet of medication technician report sheets for [redacted] and [redacted] 2022 which included confidential information for multiple residents to include resident #5 "is really confused today [redacted] resident #6 missed medications on [redacted]/22; resident #7 "reordered [redacted]"

* Numerous pharmacy delivery receipts and refill order forms containing resident names and medications to include resident #8 [redacted] and [redacted]; and resident #10 [redacted],

Plan of Correction

Accept ([redacted] - 05/05/2023)

Resident #1 MAR , old report sheets, and pharmacy slips where was discarded in a secured shred it bin immediately following inspection . A l thinned files where locked in filing cabinet .DON was in serviced on regulation 2600 17 on 5-1-23 . Administrator or designee will do an audit for compliance twice a month x 2 months to ensure compliance of regulation 2600-17,Then as needed.

Licensee's Proposed Overall Completion Date: 06/01/2023

Implemented ([redacted] 06/08/2023)

18 - Compliance With Laws

2. 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

According to the Care Facility Carbon Monoxide Alarms Standards Act – Enactment Act of June. 23, 2016, Section 3. Facility powers and duties, (b)(3) indicates "The battery shall be labeled with the date of installation and replaced at least once annually or at such time as the unit signals a drained or failing battery, whichever is sooner." However, the batteries in the home's carbon monoxide detectors in the following areas were dated [redacted]":

- *Laundry Room # [redacted]
- *Laundry Room # [redacted]
- *Laundry Room # [redacted]
- *Laundry Room # [redacted]

18 - Compliance With Laws *(continued)***Plan of Correction**

Accept (████) 05/05/2023)

Immediately following inspection all carbon monoxide detector batteries were changed and dated. Maintenance director was serviced on 5-1-23 on regulation 2600 18. Maintenance director or designee will change batteries annually and as needed to maintain compliance.

Licensee's Proposed Overall Completion Date: 06/01/2023

Implemented (████) - 06/08/2023)

82b - Poisonous Material Storage

3. Requirements

2600.

82.b. Poisonous materials shall be stored separately from food, food preparation surfaces and dining surfaces.

Description of Violation

At █████ p.m., a spray can of █████ with warning label: if inhaled: ... call a POISON CENTER or doctor if you feel unwell. If swallowed: Immediately call a POISON CENTER or doctor was stored with a box of Oatmeal Crème pies in an upper cabinet to the left of the refrigerator in the third-floor kitchenette.

Plan of Correction

Accept (████) 05/05/2023)

█████ was immediately removed and placed in a secure location. Staff was serviced on regulation 2600 82b on 4-3-23 & 5-1-23. Administrator or designee will do a sweep of all food storage areas, then monthly x 3 months then as needed to ensure compliance of regulation 2600-82b

Licensee's Proposed Overall Completion Date: 06/01/2023

Implemented (████) - 06/08/2023)

85a - Sanitary Conditions

4. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At █████ a.m. the ice cream freezer in the home's kitchen was turned off and had approximately ¼" deep of water in the bottom. There was an infestation of dead winged bugs in the water and a very pungent smell of sour milk when the door was opened.

At █████ a.m., there was in excess of 15 cigarette butts scattered on the ground outside of the kitchen exit.

At █████ a.m., there was a dried out, dirty wash rag with dark brown areas and blackish-grey covering most of the rag setting on the floor of the shower in room █████.

At █████ p.m. there were several dirty, uncleaned areas in the third-floor kitchenette/serving area as follows:

* The top shelf of the lower cabinet to the right of the coffee maker was extremely dirty including having dried liquid on it.

* The lower cabinet to the left the refrigerator had food drips along the front of both doors and on the handles.

* The exterior of the cabinet on the right above the microwave had a buildup of grime and food particles around the handles.

85a - Sanitary Conditions (continued)

* The interior of the cabinet on the left above the microwave has food splatter on the under sides of the lower shelf and the top of the cabinet interior.

The steamer table in the third-floor kitchenette/serving area has not been used for three or more weeks since residents began eating in the first-floor dining room. However, at [REDACTED] p.m., the four wells of the steamer table had standing water in them ranging from 1/4" to 1 1/2". The water in the well third from the left had food crumbs, spaghetti noodles and a bug in it. The water in the far right well had food particles and a winged bug in it.

At [REDACTED] p.m., the microwave in the third-floor kitchenette/serving area had miscellaneous food splatter on all 5 sides and the inside of the door.

Plan of Correction

Accept ([REDACTED] - 05/05/2023)

Freeze , cigarette butts and wash rag was immediately removed following inspection. All other items were cleaned immediately following inspection . Staff was educated on 4-3-23 & 5-2-23 on regulation 2600 85a. Administrator or designee will do weekly audits to ensure sanitation of all area weekly x 4 weeks then monthly x3 months and as needed.

Licensee's Proposed Overall Completion Date: 06/01/2023

Implemented ([REDACTED] - 06/08/2023)

85b - Infestation

5. Requirements

2600.
85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

At [REDACTED] p.m., there was an accumulation of in excess of 30 dead stink bugs in the right side of the window track in the second-floor laundry room # [REDACTED].

Plan of Correction

Accept ([REDACTED] - 05/05/2023)

Window track was cleansed immediately following inspection. Staff was in serviced on regulation 2600 85b 5-2-23. Administrator or designee will audit all areas for evidence of bugs weekly x4 weeks then monthly x 2 months then as needed

Licensee's Proposed Overall Completion Date: 06/01/2023

Implemented ([REDACTED] - 06/08/2023)

85e - Trash Outside Home

6. Requirements

2600.
85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

At [REDACTED] a.m., there was a blue plastic/resin 12-bushel uncovered container overflowing with boxes and bags of trash outside of the kitchen exit to the parking lot.

Plan of Correction

Accept ([REDACTED] - 05/05/2023)

Trash was immediately taken out during inspection. Staff was in serviced on 5-2-23 & 5-3-23 on regulation 2600

85e - Trash Outside Home (continued)

85e. Administrator or designee will audit daily x 5 days then as needed to ensure compliance of regulation 85e.

Licensee's Proposed Overall Completion Date: 06/01/2023

Implemented () - 06/08/2023

92 Windows

7. Requirements

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

At [redacted] a.m., there was 2" X 2.5" tear in the screen in the first-floor laundry room # [redacted]

At [redacted] p.m., there was no screen in the operable window in the second-floor laundry room # [redacted].

At [redacted] p.m., there was no screen in the window at the end of the hallway near laundry room [redacted].

At [redacted] p.m., there were several holes in the screen for the window at the end of the second-floor hallway near laundry room [redacted] as follows:

- * An approximately 1 inch rounded square area along the left side 1/2 way up the screen
- * Several holes approximately 1/2" X 1/2" along the bottom right side of the screen
- * A damaged area approximately 1 1/2" X 1 1/2" on the bottom left side of the screen

Plan of Correction

Accept () 05/05/2023

Call will be placed to screen company to get new screens to place damaged and missing screens 5-5-23. Staff was in serviced on regulation 2600 92 on 5-2-23, a full sweep audit will be done to to ensure compliance then monthly x 3 months then bi annually x1 year.

Licensee's Proposed Overall Completion Date: 06/01/2023

Implemented () - 06/08/2023

95 - Furniture and Equipment

8. Requirements

2600.

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

Description of Violation

At [redacted] p.m., the inside shelf was broken and lying at a diagonal in the lower cabinet under the coffee maker in the third-floor kitchenette/serving area.

Plan of Correction

Accept () 05/05/2023

Cabinet was immediately repaired during inspection. Staff was in serviced on regulation 2600 95 . Administrator or designee will conduct an audit on furniture & equipment weekly x 4 weeks then monthly to ensure compliance.

Licensee's Proposed Overall Completion Date: 06/01/2023

Implemented () - 06/08/2023

100b - Removal Snow/Obstructions

9. Requirements

2600.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

At [REDACTED] a.m., there was a thin layer of ice and snow partially covering each of six 3.5 square foot cement pads of the sidewalk leading away from the exit door near Room # [REDACTED].

Plan of Correction

Accept ([REDACTED] - 05/05/2023)

Area was immediately salted . Maintenance director was in serviced on regulation 2600 100b on 5 2 23 .

Maintenance director or designee will do walking rounds of exit routes to ensure safety and compliance weekly x4 weeks then monthly

Licensee's Proposed Overall Completion Date: 06/01/2023

Implemented ([REDACTED] - 06/08/2023)

101j7 - Lighting/Operable Lamp

10. 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

At [REDACTED] a.m. the bedside light in resident room # [REDACTED] did not stay on when the switch was rotated. It flickered on then off quickly.

Plan of Correction

Accept ([REDACTED] - 05/05/2023)

Lamp was immediately removed and replaced during inspection . Staff was in serviced on regulation 2600 101j on 4-3 23 . Administrator or designee will do initial audit to ensure compliance then monthly there after.

Licensee's Proposed Overall Completion Date: 06/01/2023

Implemented ([REDACTED] 06/08/2023)

103f - Refrigerator/Freezer Temps

11. 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 [REDACTED] a.m., the temperature in the home's walk-in freezer measured 5 degrees Fahrenheit.

At [REDACTED] a.m., the freezer section of the black refrigerator/freezer in the home's activities room measured 8 degrees Fahrenheit.

Plan of Correction

Accept ([REDACTED] - 05/05/2023)

Maintenance director contacted to verify freeze /refrigerator was working correctly. Staff was in serviced on regulation 2600 103f . Audits of completed temperature logs will be done monthly bases by Kitchen manager or

103f - Refrigerator/Freezer Temps (continued)*designee .*

Licensee's Proposed Overall Completion Date: 06/01/2023

Implemented (█) - 06/08/2023)

103g - Storing Food**12. Requirements**

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

At █ a.m., there was an opened, unsealed five-pound box of Bakers Source Basic Muffin Mix in the dry goods pantry.

At █ a.m., the following opened and unsealed items were in the walk-in freezer in the home's kitchen:

- * A 13-pound box of breadsticks
- * A 13.31-pound box of garlic bread sticks
- * A bag with four waffles
- * A 10-pound box of hamburgers
- * A 15.75-pound box of Wholesome Farms folded Cheese omelets
- * A 15.75-pound box of Wholesome Farms folded plain omelets
- * A 11.25-pound box of breaded chicken patties

At █ a.m. the following items were in the walk-in cooler in the home's kitchen:

- * A 72-count box of Bakers Source variety pack muffins with cellophane wrap torn open and not resealed.
- * A 15-pound box of single slice bacon with box flaps open and interior bag not sealed.

At █ a.m., there was an opened, unsealed 28-ounce box of Cream of Wheat on the baker's rack to the right of the Dietician Office.

Plan of Correction

Accept (█) - 05/05/2023)

All items were resealed immediately. Kitchen staff was serviced on regulation 2600 103g. Kitchen manager or designee will conduct weekly audits x 4 then monthly x3 months then as needed to ensure compliance of regulation 2600 103 g

Licensee's Proposed Overall Completion Date: 06/01/2023

Implemented (█) - 06/08/2023)

105g - Lint Removal and Duct Cleaning**13. Requirements**

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

At █ p.m., there was approximately 1/8-1/4" of lint covering 7/8 of the lint filter of the dryer in the laundry room #█.

105g - Lint Removal and Duct Cleaning (continued)

Plan of Correction

Accept ([redacted] - 05/05/2023)

Lint was immediately removed after inspection. Staff was in serviced on regulation 2600 105g on 4-3-23 & 5-2-23 . Administrator or designee will do an audit daily x5 days then weekly x4 weeks then as needed to ensure compliance.

Licensee's Proposed Overall Completion Date: 06/01/2023

Implemented ([redacted] - 06/08/2023)

131f - Fire Extinguisher Inspection

14. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the e tinguisher.

Description of Violation

The Ansul pull station in the home's kitchen was last inspected [redacted] 2022.

Plan of Correction

Accept ([redacted] - 05/05/2023)

Immediately following inspection , an appointment was set to have ansul system inspected. System was inspected 3/23 .Maintenance director and Kitchen manager was in serviced on 5-1-23 on regulation 2600 131f. Administrator or designee will audit ansul system service annually per regulation 2600 131f

Licensee's Proposed Overall Completion Date: 06/01/2023

Implemented ([redacted] - 06/08/2023)

183b Meds and Syringes Locked

15. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

At [redacted] p.m., the door to the Director of Nursing's office, Suite [redacted], was open, unlocked, and unattended. The following unlocked medications and syringes were in the three-drawer lateral filing cabinet:

- * [redacted] moist heat compress [redacted] with pharmacy label for resident #11
- * A stock box of 100 count [redacted] syringes
- * A stock box of 100 count [redacted]
- * A stock box of 100 count [redacted]
- * Two 2-ounce tubes of [redacted]
- * A 1-ounce tube of [redacted]

In the office closet with bypass doors were the following:

- * One box of [redacted] with no name
- * One [redacted] with no name
- * One [redacted] with pharmacy label torn off
- * One [redacted] with no name
- * Seven full bottles and one opened bottle of [redacted] with pharmacy labels for resident #6

183b - Meds and Syringes Locked (continued)

- * Two bottles of [redacted] with pharmacy label for resident #6
- * Two full boxes of [redacted] with pharmacy label for resident #6
- * One bottle of [redacted] with pharmacy label for resident #12
- * One bottle of [redacted] with no pharmacy label and no name
- * Two bottles of [redacted] with resident #12's name hand-written on top
- * A clear plastic bin with [redacted]

Plan of Correction

Accept ([redacted] - 05/05/2023)

Syringes and stock meds were locked in filing cabinet immediately following inspection. All meds were disposed of in a safe manner. DON was in serviced on regulation 183 b on 5-2-23. Administrator or designee will audit all areas monthly for compliance of regulation 183b.

Licensee's Proposed Overall Completion Date: 06/01/2023

Implemented ([redacted] - 06/08/2023)

183c - Refrigerated Meds Locked

16. Requirements

2600.

183.c. Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

Description of Violation

At [redacted] p.m., the door to the Director of Nursing's office Suite [redacted] was wide open, unlocked, and unattended. The following unlocked medications were in the unlocked refrigerator:

- * Three [redacted] with pharmacy label for resident #8
- * One [redacted] with pharmacy label for resident #8
- * One box of [redacted] with pharmacy label for "Arrowood Stock"

Plan of Correction

Accept ([redacted] - 05/05/2023)

All medications for resident #8 was removed immediately following inspection. Other items were locked per regulation 2600 183c. Staff was in serviced on regulation 183c on 5-3-23. Administrator or designee will audit for compliance monthly x6 months then as needed.

Licensee's Proposed Overall Completion Date: 06/01/2023

Implemented ([redacted] - 06/08/2023)

183d - Prescription Current

17. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

At [redacted] p.m., the door to the Director of Nursing's office, Suite [redacted], was open, unlocked, and unattended. The following unlocked medications for residents no longer residing in the home were in the office as follows:

- * In the three drawer lateral filing cabinet there was [redacted] with pharmacy label for resident #11 who has not resided in the home since prior to [redacted]/22.
- * In the office closet with bypass doors were the following:
- * Seven full bottles and one opened bottle of [redacted] with pharmacy labels for resident

183d - Prescription Current (continued)

#6 who has not resided in the home since prior to [REDACTED] 22

* Two bottles of [REDACTED] with label for resident #6 who has not resided in the home since prior to [REDACTED] /22

* Two full boxes of [REDACTED] with pharmacy label for resident #6 who has not resided in the home since prior to [REDACTED] /22

Plan of Correction

Accept ([REDACTED] - 05/05/2023)

All medication were disposed of safely immediately following inspection. Staff was in serviced on regulation 183d on 5-3-23. administrator or designee will audit for compliance monthly x6 months then as needed

Licensee's Proposed Overall Completion Date: 06/01/2023

Implemented ([REDACTED] - 06/08/2023)