

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

October 3, 2023

[REDACTED]  
WASHINGTON MANOR PERSONAL CARE HOME LLC  
320 SOUTH WASHINGTON STREET  
P O BOX 1935  
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 08/02/2023 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: WASHINGTON MANOR PERSONAL CARE HOME LLC License #: 44863 License Expiration: 11/27/2023  
 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, P O BOX 1935, BUTLER, PA, 16003  
 Phone: [REDACTED] Email: [REDACTED]

## Certificate(s) of Occupancy

Type: C-2 LP Date: 07/24/1985 Issued By: L&I

## Staffing Hours

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

## Inspection Information

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal, Complaint Exit Conference Date: 08/02/2023

## Inspection Dates and Department Representative

08/02/2023 - 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: 1

## Number of Residents Who:

Receive Supplemental Security Income: 23 Are 60 Years of Age or Older: 14  
 Diagnosed with Mental Illness: 25 Diagnosed with Intellectual Disability: 2  
 Have Mobility Need: 0 Have Physical Disability: 0

## Inspections / Reviews

## 08/02/2023 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/28/2023

## 09/11/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 10/02/2023  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/13/2023

Inspections / Reviews *(continued)*

09/25/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/02/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/16/2023

10/03/2023 - Document Submission

Submitted By: [REDACTED] [REDACTED]

Date Submitted: 10/02/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

85a - Sanitary Conditions

1. Requirements

2600.  
85.a. Sanitary conditions shall be maintained.

Description of Violation

At 10:05 a.m., there was a red/brown substance/stain, measuring approximately 3 x 4 inches, in area at the bottom of the refrigerator section of the refrigerator/freezer in the kitchen.

In addition, there was a brown stain, measuring approximately 2 x 2 inches in area, and multiple food particles, in the left vegetable crisper drawer in the refrigerator.

Plan of Correction

Accept (████ - 09/11/2023)

The stains was immediately cleaned up by staff after the inspector noticed them under the crisper drawer on 08-02-2023. The administrator and manager conducted a staff meeting on 08-15-2023 regarding the issue of spill clean-ups. In addition a new staff form is to be signed daily that checks were done by direct care staff on spills/stains in all three refrigerators plus spills/stains will also be checked on the daily physical site checklist by the administrator and/or manager to ensure this violation never occurs again.

Licensee's Proposed Overall Completion Date: 09/05/2023

Implemented (████ - 10/03/2023)

132d - Evacuation

2. Requirements

2600.  
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 home.

Description of Violation

During the fire drill on 9/19/22 at 1:05 a.m., the home conducted the drill in 2 minutes and 52 seconds, exceeding the safe evacuation time of 2 minutes 30 seconds.

Plan of Correction

Accept (████ - 09/11/2023)

The care home strongly disagrees with this violation. All residents were evacuated prior to 2 minutes and 30 seconds except one █████ resident that was soon leaving the home for another place that was very uncooperative. The care home staff did all they could do with this one resident but █████ slowly came out causing the time to be 2 minutes 52 seconds. On 08-15-2023 the administrator asked the fire chief during █████ annual training what else could we have done and the chief said staff handled this properly and nothing more could be done. To avoid future violations the

**132d - Evacuation (continued)**

care home will continue annual fire chief trainings on evacuations, conduct monthly drills as always and make certain no recorded evacuation times are documented above 2 minutes and 30 seconds by the administrator.

Licensee's Proposed Overall Completion Date: 09/05/2023

Implemented (████) - 10/03/2023)

**144c1 - Smoking Area Guidelines****3. Requirements**

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

**Description of Violation**

The home's staff smoking area in the back parking lot did not have a fireproof receptacle or ashtray.

**Plan of Correction**

Accept (████) - 09/25/2023)

The administrator during █████ completion of the August 1, 2023 physical site checklist removed the full can of cigarette butts from the staff smoking area but got distracted and never brought a new can back. After the inspectors left the facility on 08-02-2023 a new can was placed in the staff smoking area and the second day of the month will now be the check date monthly. To ensure this violation never occurs again the administrator and manager both will sign off on a new monthly cigarette disposal can checklist to make certain a new disposal can is always present.

Licensee's Proposed Overall Completion Date: 09/24/2023

Implemented (████) - 10/03/2023)

**184a - Resident's Meds Labeled****4. Requirements**

2600.

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

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

**Description of Violation**

Resident #1 is prescribed Calcium 600mg, take 1 tablet by mouth twice daily. However, the pharmacy label indicates Calcium Carbonate 1500mg, take 1 tablet by mouth twice daily.

Resident #1 is prescribed Insulin Lispro 100 units/ml, inject 20 units subcutaneously with meals plus sliding scale: >70 contact office, 70-150 take 0 additional insulin, 151-200 take 2 additional units, 201-250 take 4 additional units, 251-300 take 6 additional units, 301-350 take 8 additional units, 351-400 take 10 additional units, < 401 take 12 additional units and contact office.

However, the pharmacy label does not indicate the sliding scale.

## 184a - Resident's Meds Labeled (continued)

**Plan of Correction**

Accept [REDACTED] - 09/25/2023)

The care home had just switched their pharmacy prior to the inspection date and items were still be perfected. On the date, 08-02-23, of the inspection the care home contacted the pharmacy and had the labels for Calcium and sliding scale corrected/included. With each new medication cycle delivery (began 08-10-2023) the manager and/or administrator will review all medications (upon new cycle delivery every two weeks) and labels to ensure accuracy and avoid future violations of this regulation.

Licensee's Proposed Overall Completion Date: 09/24/2023

Implemented [REDACTED] - 10/03/2023)

## 187a - Medication Record

**5. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

**Description of Violation**

Resident #1 is prescribed Calcium 600mg, take 1 tablet twice daily. However, resident #1's August 2023 medication administration record (MAR) indicates Calcium Carbonate 600mg, take 1 tablet by mouth twice daily. The pharmacist indicated that Calcium 600mg and Calcium Carbonate 600mg are not equivalent.

Resident #1 is prescribed Insulin Lispro 100 units/ml, inject 20 units subcutaneously with meals plus sliding scale: >70 contact office, 70-150 take 0 additional insulin, 151-200 take 2 additional units, 201-250 take 4 additional units, 251-300 take 6 additional units, 301-350 take 8 additional units, 351-400 take 10 additional units, < 401 take 12 additional units and contact office.

However, the resident's August 2023 MAR does not indicate the sliding scale.

Resident #1 is prescribed, and is being administered, Insulin Glargine Solostar 18ml, inject 35 units subcutaneously twice daily. However, this medication is not indicated on the resident's August 2023 MAR.

## 187a - Medication Record (continued)

**Plan of Correction****Accept** [REDACTED] - 09/25/2023)

*The care home had just switched to a new pharmacy prior to the inspection and items were still being perfected. On the date of inspection (08-02-23) the care home contacted the pharmacy and had the violations stated above corrected. To ensure this violation never occurs again the manager and/or administrator will review all medication labels/MAR listings with each new medication cycle (began on 08-10-23, new cycle every two weeks) delivery to check for accuracy/errors.*

**Licensee's Proposed Overall Completion Date: 09/24/2023****Implemented** [REDACTED] 10/03/2023)