

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

December 6, 2023

[REDACTED]  
STANDISH S ASSISTED LIVING INC  
158 CHESTNUT RIDGE ROAD  
WASHINGTON, PA, 15301

RE: STANDISH'S  
158 CHESTNUT RIDGE ROAD  
WASHINGTON, PA, 15301  
LICENSE/COC#: 40630

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/22/2023 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: *STANDISH'S* License #: *40630* License Expiration: *01/27/2024*  
 Address: *158 CHESTNUT RIDGE ROAD, WASHINGTON, PA 15301*  
 County: *WASHINGTON* Region: *WESTERN*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: *STANDISH S ASSISTED LIVING INC*  
 Address: *158 CHESTNUT RIDGE ROAD, WASHINGTON, PA, 15301*  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-3 SP* Date: *08/05/1999* Issued By: *Labor & Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *7* Waking Staff: *5*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *08/22/2023*

**Inspection Dates and Department Representative**

*08/22/2023 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: [REDACTED] Residents Served: [REDACTED]

**Secured Dementia Care Unit**  
 In Home: *No* Area: Capacity: Residents Served:

**Hospice**  
 Current Residents: [REDACTED]

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: [REDACTED]  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: [REDACTED] Have Physical Disability: *0*

**Inspections / Reviews**

**08/22/2023 - Full**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/21/2023*

**09/26/2023 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *09/21/2023*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/03/2023*

Inspections / Reviews (*continued*)

## 12/06/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/29/2023

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document  
Submission*

## 12/06/2023 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/06/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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 Influenza Awareness Act, enacted 11/21/16, requires influenza information to be posted in a public place in the facility year-round. There was no information posted in the home in accordance with The Influenza Awareness Act.

Repeat violation: 9/8/21

Plan of Correction

Accept [redacted] - 09/26/2023)

New influenza poster was down loaded and posted on bulletin board and will remain in place year round. staff will be instructed that all bulletin board information will be added and taken down by the administrator only.

Licensee's Proposed Overall Completion Date: 09/21/2023

Implemented [redacted] - 12/06/2023)

42s - Privacy

2. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The common bathroom located off of the living room has a curtain instead of a door and is not equipped with any type of locking device.

Plan of Correction

Accept [redacted] - 09/26/2023)

A sliding barn-style door that can be locked will be installed by mid October. Completion of door installation will be documented and photographic evidence will be provided.

Licensee's Proposed Overall Completion Date: 09/21/2023

Implemented [redacted] - 12/06/2023)

60a - Staff/Support Plan

3. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On 8/22/23, the home served [redacted] residents, including [redacted] residents with mobility needs. Of the [redacted] residents with mobility needs, [redacted] requires the physical assistance of [redacted] staff persons to transfer in/out of bed/chair with the use of a Hoyer lift. The home routinely only schedules [redacted] staff person during the 7:30 p.m. through 7:30 am shift. In the event of an emergency evacuation, there is not enough staff to safely transfer residents.

Repeat violation: 9/8/21

60a - Staff/Support Plan (continued)

Plan of Correction

Accept [redacted] - 09/26/2023)

As of this date 9/20/23, administrator will assure that two trained staff employees will be available 24 hours a day to assist with all emergencies and transfers. A new full time employee was hired on [redacted]. Administrator will review the staffing schedule monthly to ensure that the aforementioned plan is implemented.

Licensee's Proposed Overall Completion Date: 09/21/2023

Implemented [redacted] - 12/06/2023)

65g - Annual Training Content

4. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

Description of Violation

Direct care staff person A, hired [redacted], did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert during training year 2022.

Direct care staff persons A, B, and C did not receive training in the safe operation of a Hoyer lift during training year 2022. Resident #1 uses a Hoyer lift.

Repeat violation: 9/8/21

Plan of Correction

Directed [redacted] - 09/26/2023)

[Staff person A] was not available on the scheduled fire safety training date. [redacted] was trained and signed off at a later date. Documentation existed but was not provided on the day of the inspection by the administrator.

A annual hoyer lift training policy was put in place and signed off by all staff, hospice aides and nurses.

Directed Completion Date: 09/21/2023

Implemented [redacted] - 12/06/2023)

65i - Training Record

5. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home's record of 2022 annual direct care staff training does not include the content of the course for several trainings to include the following:

**65i - Training Record (continued)**

- Quality Management
- CPR
- Differences in Communications Between Men & Women

**Plan of Correction**

Accept [REDACTED] - 09/26/2023)

A more detailed and thorough explanation of the content of all future trainings will be provided and documented on the space provided on the sign off sheet.

Licensee's Proposed Overall Completion Date: 09/21/2023

Implemented [REDACTED] - 12/06/2023)

**103d - Storing Food Off Floor****6. Requirements**

2600.  
103.d. Food shall be stored off the floor.

**Description of Violation**

At 10:00 a.m., there was a 2lb 11.5oz container of coffee, a 10lb bag of pancake mix, and a 6lb box of pancake and baking mix stored on the floor in the food pantry.

At 10:08 a.m., there was a 1-gallon jug of water, a 2 liter of Sprite, and 15oz container of breadcrumbs stored on the floor in the medication cabinet.

**Plan of Correction**

Accept [REDACTED] - 09/26/2023)

Direction to all employees going forward will be that all food items stored in the pantry will not be on the floor. Administrator to monitor on a regular basis.

Licensee's Proposed Overall Completion Date: 09/21/2023

Implemented [REDACTED] - 12/06/2023)

**123b - Emergency Procedures Posted****7. Requirements**

2600.  
123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

**Description of Violation**

The copy of the local municipality's emergency procedures was kept in the medication cabinet. This is not a conspicuous and public place in the home.

**Plan of Correction**

Accept [REDACTED] - 09/26/2023)

County and municipal procedures will be combined in a joint binder with the emergency plan in case of an emergency. The location will be on the shelf in the common area and accessible to all.

Licensee's Proposed Overall Completion Date: 09/21/2023

Implemented [REDACTED] - 12/06/2023)

## 131c - Kitchen Fire Extinguisher

## 8. Requirements

2600.

131.c. A fire extinguisher with a minimum 2A-10BC rating shall be located in each kitchen. The kitchen extinguisher must meet the requirements for one floor as required in subsection (a).

## Description of Violation

*There was no fire extinguisher in the rear full kitchen. There are resident rooms in the hallway leading to this kitchen.*

## Plan of Correction

**Accepted** [REDACTED] - 09/26/2023)

*A new fire extinguisher rated 2A-10BC was purchased for placement in private home kitchen that is accessible to all. Delivery date is 9/22/2023*

**Licensee's Proposed Overall Completion Date: 09/22/2023**

**Implemented** [REDACTED] - 12/06/2023)

## 133.2 - Exit Signs Direction

## 9. Requirements

2600.

133.2. Exit Signs - The following requirements apply for a home serving nine or more residents: If the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

## Description of Violation

*The exit sign located on the back of the emergency door leading to the back deck is not visible when the door is open and there is no indication of the line of travel to the exit.*

## Plan of Correction

**Accepted** [REDACTED] - 09/26/2023)

*The exit sign was removed from the back of the door and placed at a location where it is visible at all times.*

**Licensee's Proposed Overall Completion Date: 09/21/2023**

**Implemented** [REDACTED] - 12/06/2023)

## 141a - Medical Evaluation

## 10. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

## Description of Violation

*The medical evaluation, dated [REDACTED] for resident #5, does not include the resident's ability to self-administer medications. This section of the medical evaluation is blank.*

## Plan of Correction

**Accepted** [REDACTED] - 10/02/2023)

*Administrator to complete all DME forms including all check-offs. No blanks! If a resident is receiving no medications it will be noted and the proper box will be checked off.*

*Updated 8/23/2023 Signed off by RN*

**Licensee's Proposed Overall Completion Date: 09/29/2023**

141a - Medical Evaluation (continued)

Implemented [REDACTED] - 12/06/2023)

184a - Resident's Meds Labeled

11. Requirements

2600.

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

Description of Violation

Resident #1 is ordered [REDACTED] by mouth every 4 hours as needed. However, the label indicates [REDACTED] tablet by mouth/sublingual or rectally.

Repeat violation: 9/8/21

Plan of Correction

Accept [REDACTED] - 10/02/2023)

Administrator to assure that all prescription labels received from the pharmacy match the medication administration record (MAR). Any discrepancies will be discussed with hospice nurses and or the Pharmacist and corrected at that time.

A sign-off sheet was created and will be used for monthly audit

Licensee's Proposed Overall Completion Date: 09/29/2023

Implemented [REDACTED] - 12/06/2023)

187a - Medication Record

12. Requirements

2600.

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

Description of Violation

Resident #1 is ordered [REDACTED], take 1 tablet by mouth every 12 hours as needed. However, the medication is not indicated on the August 2023 medication administration record (MAR).

Plan of Correction

Accept [REDACTED] - 10/02/2023)

Administrator will not assume that all Pharmacies provide the same emergency hospice kits. All medications regardless of the Pharmacy they are received from will be checked against and listed on the Medication Administration Record (MAR)

A medication audit for all resident's will be done monthly. It will be documented and signed by Administrator and Facility Nurse.

Licensee's Proposed Overall Completion Date: 09/29/2023

Implemented [REDACTED] - 12/06/2023)