

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

September 19, 2024

[REDACTED] SR. MANAGER
WASHINGTON OPS LLC
[REDACTED]

RE: HAWTHORNE WOODS AL
791 LOCUST AVENUE
WASHINGTON, PA, 15301
LICENSE/COC#: 45409

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/12/2024, 01/24/2024, 01/25/2024 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: *HAWTHORNE WOODS AL* License #: *45409* License Expiration: *10/31/2024*
 Address: *791 LOCUST AVENUE, WASHINGTON, PA 15301*
 County: *WASHINGTON* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *WASHINGTON OPS LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *12/05/1995* Issued By: *Department of Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *66* Waking Staff: *50*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Complaint, Incident* Exit Conference Date: *01/24/2024*

Inspection Dates and Department Representative

01/12/2024 - On-Site: [REDACTED]
 01/24/2024 - On-Site: [REDACTED] *ini*
 01/25/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *81* Residents Served: *52*

Special Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *11*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *52*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *14* Have Physical Disability: *1*

Inspections / Reviews

01/12/2024 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/07/2024*

03/29/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/12/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 04/05/2024

09/19/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/08/2024

Reviewer: [REDACTED]

Follow-Up Type: Bypass Document
Submission

09/19/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/19/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

5a1 DHS access

1. Requirements

2800.

5.a. The administrator, administrator designee or staff person designated under § 2800.56(c) (relating to administrator staffing) shall provide, upon request, immediate access to the residence, the residents and records to:

1. Agents of the Department.

Description of Violation

On 1/12/2024 at approximately 11:30 am, an agent of the Department requested access to the final support plans with signatures for residents # 1, #2, #3, #4, #5 and #6. However, the support plans were locked in the administrator's office and no other staff had the key to [REDACTED] office. Access to the final support plans was not granted until 1/24/2024, the second day of the inspection.

On 1/24/2024, at approximately 9:30 am, an agent of the Department requested access to 2023 training for staff persons A, B and C. However, these training documents were not provided to the Department until 11:30 am on 1/25/2024.

On 1/25/2024 at approximately 11:30 am, an agent of the Department requested access to the initial medication administration training for staff person B; however, this training document was not provided to the Department until 4:00 pm.

Plan of Correction

Accept ([REDACTED] - 03/29/2024)

This plan of correction is submitted as required under State law. The submission of this Plan of Correction does not constitute any admission of civil or criminal liability on the part of the named Community as to contents stated in this Statement of Deficiencies. Any changes to the Community's policies and procedures made because of its receipt of this Statement of Deficiencies are subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies.

55 Pa. Code § 2800.5.a.1 The administrator, administrator designee or staff person designated under § 2800.56(c) (relating to administrator staffing) shall provide, upon request, immediate access to the residence, the residents and records to: Agents of the Department.

The Executive Director, or designee, will maintain the signed resident support plans electronically and in a hard copy on site. All staff members have access to the support plans, which are secured in the health care room(s). The Care Team Manager, or designee, will audit to confirm that all the resident service plans are in health care rooms(s) for access by all team members. The audit will be completed on or before 3/22/2024.

The Care Team Manager, or designee, will conduct weekly audits of resident service plans for a sampling of 10% of the residents until there are four weeks of consistent compliance with this regulation. Once four weeks of consecutive compliance is achieved the Care Team Manager, or designee, will monitor monthly until three months of consecutive compliance is demonstrated. The audits will begin the week of 3/25/2024 and documentation of audits will be maintained.

The Executive Director and the managers for each department will be trained on how to download training documents from the human resources platform. This training will be completed no later than 3/29/2024.

Documentation of the training will be maintained.

5a1 DHS access (continued)

The Executive Director, or designee, will conduct weekly audits with each department manager by downloading training for 5% of the team members assigned to their department until there are four weeks of consistent compliance with this regulation. Once four weeks of consecutive compliance is achieved, the Executive Director, or designee, will monitor monthly until three months of consecutive compliance is demonstrated. These audits will begin the week of 4/1/2024 and documentation of the audits will be maintained.

The District Director of Operations will provide education to the Executive Director and department managers on regulation 5.a.1 and the applicable section of the Regulatory Compliance Guide. Training will be completed by 3/22/2024. Documentation of the training will be maintained.

Licensee's Proposed Overall Completion Date: 03/29/2024

Implemented () - 09/19/2024)

51 Criminal background checks

2. Requirements

2800.

51. Criminal background checks

- a. Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).
- b. The hiring policies shall be in accordance with the Department of Aging’s Older Adult Protective Services Act policy as posted on the Department of Aging’s web site.

Description of Violation

Staff person D, hired (), does not have a criminal history background check completed.

Plan of Correction

Accept () - 04/08/2024)

This plan of correction is submitted as required under State law. The submission of this Plan of Correction does not constitute any admission of civil or criminal liability on the part of the named Community as to contents stated in this Statement of Deficiencies. Any changes to the Community’s policies and procedures made because of its receipt of this Statement of Deficiencies are subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies.

55 Pa. Code § 2800.51.(a) Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Staff Member D’s Pennsylvania State Police background check was completed on 03/11/2024.

Existing team member’s background checks will be verified for completion by the Executive Director, or designee, no later than 03/22/2024. If a team member does not have a background check on file, it will be completed immediately.

At hire the Executive Director, or designee, will submit the background check request within eight days of hire. Team member will be directly supervised until the criminal background check is complete.

The Executive Director, or designee, will complete a weekly audit to verify new employee background checks are submitted to PA State Police and completed within 30 days of hire.

51 Criminal background checks (continued)

Licensee's Proposed Overall Completion Date: 04/12/2024

Implemented () - 09/19/2024

65a Fire Safety-1st day

3. Requirements

2800.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.

Description of Violation

Staff person D, hired [REDACTED] did not receive orientation training in any of the required topics in accordance with 2800.65a.

Staff person E, hired [REDACTED], did not receive orientation training in any of the required topics in accordance with 2800.65a.

Plan of Correction

Accept () - 03/29/2024

This plan of correction is submitted as required under State law. The submission of this Plan of Correction does not constitute any admission of civil or criminal liability on the part of the named Community as to contents stated in this Statement of Deficiencies. Any changes to the Community's policies and procedures made because of its receipt of this Statement of Deficiencies are subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies.

55 Pa. Code § 2800.65.a. Prior to or during the first workday, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation, and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.

Training completed for Staff Members D on [REDACTED] and Staff Member E on [REDACTED] for regulation on 2800.65.a. Existing team members' training will be verified for completion by the Executive Director, or designee, no later than 03/22/2024. If a team member does not have the training, it will be completed as soon as practicable, but no later

65a Fire Safety-1st day (continued)

than 4/12/2024. Training documentation will be maintained.

At hire the Executive Director, or designee, will complete the training with the new team members no later than the first day of work. Weekly audits of new hire training will be conducted by the Executive Director, or designee, until there are four weeks of consistent compliance with this regulation. Once four weeks of consecutive compliance are achieved the Executive Director, or designee, will monitor monthly until three months of consecutive compliance is demonstrated.

Licensee's Proposed Overall Completion Date: 03/22/2024

Implemented () - 09/19/2024)

65e Rights/Abuse 40 Hours

4. Requirements

2800.

65.e. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.
5. Safe management techniques.
6. Core competency training that includes the following:
 - i. Person-centered care.
 - ii. Communication, problem solving and relationship skills.
 - iii. Nutritional support according to resident preference.

Description of Violation

Staff person A, hired (), completed their 40th scheduled work hour; however, did not receive training in any of the topics in accordance with 2800.65e.

Plan of Correction

Accept () - 03/29/2024)

This plan of correction is submitted as required under State law. The submission of this Plan of Correction does not constitute any admission of civil or criminal liability on the part of the named Community as to contents stated in this Statement of Deficiencies. Any changes to the Community's policies and procedures made because of its receipt of this Statement of Deficiencies are subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies.

65e Rights/Abuse 40 Hours (continued)

55 Pa. Code § 2800.65.e. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following: 1. Resident rights. 2. Emergency medical plan. 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§??10225.101—10225.5102). 4. Reporting of reportable incidents and conditions. 4 of 6 5. Safe management techniques. 6. Core competency training that includes the following: i. Person-centered care. ii. Communication, problem solving and relationship skills. iii. Nutritional support according to resident preference. 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.

Staff Member A's training on regulation 2800.65.e was completed on [REDACTED].

Existing team members' training will be verified for completion by the Executive Director, or designee, no later than 03/22/2024. If a team member does not have the training, it will be completed as soon as practicable but no later than 4/12/2024. Training documentation will be maintained.

At hire the Executive Director, or designee, will complete the training with the new team members within 40 hours. Weekly audits of new hire training will be conducted until there are four weeks of consistent compliance with this regulation.? Once four weeks of consecutive compliance are achieved the Executive Director, or designee, will monitor monthly until three months of consecutive compliance is demonstrated.

Licensee's Proposed Overall Completion Date: 03/22/2024

Implemented ([REDACTED]) - 09/19/2024)

65f Ancillary staff orientation

5. Requirements

2800.

65.f. Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

Description of Violation

Ancillary staff person A, hired [REDACTED] did not receive a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

Plan of Correction

Accept ([REDACTED]) - 03/29/2024)

This plan of correction is submitted as required under State law. The submission of this Plan of Correction does not constitute any admission of civil or criminal liability on the part of the named Community as to contents stated in this Statement of Deficiencies. Any changes to the Community's policies and procedures made because of its receipt of this Statement of Deficiencies are subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies.

55 Pa. Code § 2800.65.f. Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

Ancillary staff person A, hired [REDACTED], did not receive a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

Staff Member A's training on regulation 2800.65.f was completed on at initial hire. Documentation of training will be submitted.

Existing ancillary team members' training will be verified for completion by the Executive Director, or designee, no

65f Ancillary staff orientation (continued)

later than 03/22/2024. If a team member does not have the training, it will be completed as soon as practicable, but no later than 4/12/2024. Training documentation will be maintained.

At hire the Executive Director, or designee, will provide the ancillary team member with a general orientation to their specific job functions prior to working in the position. Weekly audits of new hire training will be conducted until there are four weeks of consistent compliance with this regulation.? Once four weeks of consecutive compliance are achieved the Executive Director or designee will monitor monthly until three months of consecutive compliance is demonstrated.

Licensee's Proposed Overall Completion Date: 04/01/2024

Implemented () - 09/19/2024)

65h 16 hrs annual training

6. Requirements

2800.

65.h. Direct care staff persons shall have at least 16 hours of annual training relating to their job duties. The training required in § 2800.69 (relating to additional dementia-specific training) shall be in addition to the 16 hour annual training.

Description of Violation

Staff person A, hired [redacted] staff person B, hired [redacted] and staff person C, hired [redacted] did not receive 16 hours of annual training related to their job duties during the 2023 training year.

Plan of Correction

Accept () - 04/08/2024)

This plan of correction is submitted as required under State law. The submission of this Plan of Correction does not constitute any admission of civil or criminal liability on the part of the named Community as to contents stated in this Statement of Deficiencies. Any changes to the Community's policies and procedures made because of its receipt of this Statement of Deficiencies are subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies.

55 Pa. Code § 2800.65.h. Direct care staff persons shall have at least 16 hours of annual training relating to their job duties. The training required in § 2800.69 (relating to additional dementia-specific training) shall be in addition to the 16-hour annual training.

Staff member A, B, and C will complete the 16 hours of training by 4/12/2024.

Existing team members with a hire date prior to 2023 training will be verified for completion by the Executive Director, or designee, no later than 03/22/2024. If a team member has not completed the training, it will be completed as soon as practicable but no later than 5/1/2024. Training documentation will be maintained.

The Executive Director, or designee, will monitor the completion of the annual staff training plan monthly to confirm completion of the assigned training. If a team member did not complete assigned training the Executive Director or designee will have the training completed within 30 days.

Licensee's Proposed Overall Completion Date: 04/12/2024

Implemented () - 09/19/2024)

65j Annual training content

7. Requirements

2800.

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

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.708).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person A, hired [REDACTED], staff person B, hired [REDACTED], and staff person C, hired [REDACTED] did not receive training in any of the required topics in accordance with 2800.65j during the 2023 training year.

Plan of Correction

Directed ([REDACTED]) - 04/08/2024)

This plan of correction is submitted as required under State law. The submission of this Plan of Correction does not constitute any admission of civil or criminal liability on the part of the named Community as to contents stated in this Statement of Deficiencies. Any changes to the Community's policies and procedures made because of its receipt of this Statement of Deficiencies are subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies.

55 Pa. Code § 2800. 65.j. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas: 1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert. 2. Emergency preparedness procedures and recognition and response to crises and emergency situations. 3. Resident rights. 4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.708). 5. Falls and accident prevention. 6. New population groups that are being served at the home that were not previously served, if applicable.

Staff member A, B, and C will complete the training required in regulation 2800.65.j by 04/12/2024.

Existing team members with a hire date prior to 2023 annual training will be verified for completion by the Executive Director, or designee, no later than 03/22/2024. If a team member has not completed the training, it will be completed as soon as practicable but no later than 5/1/2024. Training documentation will be maintained.

The Executive Director, or designee, will monitor the completion of the annual staff training plan monthly to confirm completion of the assigned training. If a team member did not complete assigned training the Executive Director, or designee, will have the training completed within 30 days.

DIRECTED: Within 30 days after receipt of the plan of correction and at least every 6 months thereafter - As part of a quality management review, the administrator or designee will review staff training to ensure all staff have completed required training. Documentation will be kept.

Directed Completion Date: 04/12/2024

65j Annual training content (continued)

Implemented () - 09/19/2024)

69 Dementia training

8. Requirements

2800.

69. Additional Dementia-Specific Training - Administrative staff, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall receive at least 4 hours of dementia-specific training within 30 days of hire and at least 2 hours of dementia-specific training annually thereafter in addition to the training requirements of this chapter.

Description of Violation

Staff person A, hired (), did not receive any dementia-specific training during the 2023 training year.

Staff person B, hired (), did not receive any dementia-specific training during the 2023 training year.

Staff person C, hired (), did not receive any dementia-specific training during the 2023 training year.

Staff person E, hired (), did not receive 4 hours of dementia-specific training within 30 days of hire.

Plan of Correction

Directed () - 04/08/2024)

This plan of correction is submitted as required under State law. The submission of this Plan of Correction does not constitute any admission of civil or criminal liability on the part of the named Community as to contents stated in this Statement of Deficiencies. Any changes to the Community's policies and procedures made because of its receipt of this Statement of Deficiencies are subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies.

55 Pa. Code § 2800.69. Administrative staff, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall receive at least 4 hours of dementia-specific training within 30 days of hire and at least 2 hours of dementia-specific training annually thereafter in addition to the training requirements of this chapter.

Staff Member A, B, and C will complete the annual 2-hour dementia-specific training by 4/12/2024.

Staff Member D will complete the 4 hours of dementia-specific training by 04/12/2024.

Existing team members' training will be verified for completion by the Executive Director, or designee, no later than 03/22/2024. If a team member does not have the training, it will be completed as soon as practicable but no later than 5/01/2024. Training documentation will be maintained.

The Executive Director, or designee, will complete the training with the new team members within 30 days and will complete the annual training requirement during each calendar year. The Executive Director will complete a monthly audit of new hire training until there are four months and weeks of consistent compliance with this regulation.? The Executive Director, or designee, will audit team members training the month the annual dementia-specific training is assigned.

DIRECTED: Within 30 days after receipt of the plan of correction and at least every 6 months thereafter - As part of a quality management review, the administrator or designee will review staff training to ensure all staff have completed required training. Documentation will be kept.

69 Dementia training (continued)

Proposed Overall Completion Date: 04/12/2024

Directed Completion Date: 04/12/2024

Implemented () - 09/19/2024)

101j1 Bed/Fire retardant mattress

9. Requirements

2800.

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

- 1. A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident. An exception will be permitted for residents who wish to provide their own mattresses.

Description of Violation

According to the resident home contract, residents are charged \$200.00 to set up community-owned furniture upon move-in, and \$200.00 to tear-down community-owned furniture upon move-out. Also, residents are charged \$300.00 monthly for the use of community-owned furniture, linens and towels.

Plan of Correction

Directed () - 04/08/2024)

This plan of correction is submitted as required under State law. The submission of this Plan of Correction does not constitute any admission of civil or criminal liability on the part of the named Community as to contents stated in this Statement of Deficiencies. Any changes to the Community's policies and procedures made because of its receipt of this Statement of Deficiencies are subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies.

55 Pa. Code § 2800.101.j. Each resident shall have the following in the living unit:

- 1. A bed with a solid foundation and fire-retardant mattress that is in good repair, clean and supports the resident. An exception will be permitted for residents who wish to provide their own mattresses.

Residence disputes the below cited violation but is without procedural option to appeal the violation.

The contract reviewed was executed with the former owner and prior to the acquisition that occurred November 1, 2022. The Hawthorne Woods by NP agreement does not have the mentioned terms that are being cited.

The Executive Director has confirmed that no residents are being charged for set-up or tear down of furniture, use of furniture, linens and towels. Audit completed 3/18/2024.

The Executive Director, or designee, will audit the resident records to confirm that there is a NP contract. If a contract is not on file, it will be completed as soon as practicable but no later than 4/22/2024.

DIRECTED: Within 30 days after receipt of the plan of correction and at least every 6 months thereafter - As part of a quality management review, the administrator or designee will review staff training to ensure all staff have completed required training. Documentation will be kept.

Directed Completion Date: 04/22/2024

Implemented () - 09/19/2024)

101j3 Bed linens/pillows/blankets

10. Requirements

2800.

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

- 3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

According to the resident-home contract, residents are charged \$300.00 monthly for the use of community-owned furniture, linens and towels.

Plan of Correction

Accept () - 04/08/2024)

This plan of correction is submitted as required under State law. The submission of this Plan of Correction does not constitute any admission of civil or criminal liability on the part of the named Community as to contents stated in this Statement of Deficiencies. Any changes to the Community's policies and procedures made because of its receipt of this Statement of Deficiencies are subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies.

55 Pa. Code § 2800.101.j. Each resident shall have the following in the living unit: 3. Pillows, bed linens and blankets that are clean and in good repair.

Residence disputes the below cited violation but is without procedural option to appeal the violation.

The contract reviewed was executed with the former owner and prior to the acquisition that occurred November 1, 2022. The Hawthorne Woods by NP agreement does not have the mentioned terms that are being cited.

The Executive Director has confirmed that no residents are being charged for set-up or tear down of furniture, use of furniture, linens and towels. Audit completed 3/18/2024.

The Executive Director, or designee, will audit the resident records to confirm that there is a NP contract. If a contract is not on file, it will be completed as soon as practicable but no later than 4/22/2024.

Licensee's Proposed Overall Completion Date: 04/22/2024

Implemented () - 09/19/2024)

102f Towel/washcloth/soap

11. Requirements

2800.

102.f. An individual towel, washcloth and soap shall be provided for each resident unless the resident provides his own supplies of these items.

Description of Violation

According to the resident-home contract, residents are charged \$300.00 monthly for the use of community-owned furniture, linens and towels.

Plan of Correction

Accept () - 04/08/2024)

This plan of correction is submitted as required under State law. The submission of this Plan of Correction does not constitute any admission of civil or criminal liability on the part of the named Community as to contents stated in this Statement of Deficiencies. Any changes to the Community's policies and procedures made because of its

102f Towel/washcloth/soap (continued)

receipt of this Statement of Deficiencies are subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies.

55 Pa. Code § 2800.102.f. An individual towel, washcloth and soap shall be provided for each resident unless the resident provides his own supplies of these items.

Residence disputes the below cited violation but is without procedural option to appeal the violation.

The contract reviewed was executed with the former owner and prior to the acquisition that occurred November 1, 2022. The Hawthorne Woods by NP agreement does not have the mentioned terms that are being cited.

The Executive Director has confirmed that no residents are being charged for set-up or tear down of furniture, use of furniture, linens and towels. Audit completed 3/18/2024.

The Executive Director, or designee, will audit the resident records to confirm that there is a NP contract. If a contract is not on file, it will be completed as soon as practicable but no later than 4/22/2024.

Licensee's Proposed Overall Completion Date: 04/22/2024

Implemented (█) - 09/19/2024)

132a Monthly fire drill

12. Requirements

2800.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

Unannounced fire drills were not held during the months of December 2022, January 2023, May 2023, July 2023 and October 2023.

Plan of Correction

Accept (█) - 04/08/2024)

This plan of correction is submitted as required under State law. The submission of this Plan of Correction does not constitute any admission of civil or criminal liability on the part of the named Community as to contents stated in this Statement of Deficiencies. Any changes to the Community's policies and procedures made because of its receipt of this Statement of Deficiencies are subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies.

55 Pa. Code § 2800.132.a. An unannounced fire drill shall be held at least once a month.

The Executive Director educated the Environmental Services Manager on the requirement for an unannounced fire drill to be held at least once a month on 02/21/2024. Documentation of training will be maintained.

The Executive Director and Environmental Services Manager will create a fire drill log with tentative dates for the balance of 2024 no later than 4/5/2024. The Executive Director, or designee, will confirm the fire drill was held in accordance with the schedule. The Executive Director or designee will monitor and observe the fire drills monthly for the balance of 2024 to ensure procedures are followed and properly documented.

132a Monthly fire drill (continued)

Licensee's Proposed Overall Completion Date: 04/08/2024

Implemented () - 09/19/2024)

141b1 Annual medical evaluation

13. Requirements

2800.

141.b. A resident shall have a medical evaluation:

- 1. At least annually.

Description of Violation

Resident #7's last in-person medical evaluation was completed on [REDACTED]. The medical evaluation was documented on the Department's form on [REDACTED]. The annual in-person medical evaluation was due by 12/20/2023.

Plan of Correction

Accept () - 03/29/2024)

This plan of correction is submitted as required under State law. The submission of this Plan of Correction does not constitute any admission of civil or criminal liability on the part of the named Community as to contents stated in this Statement of Deficiencies. Any changes to the Community's policies and procedures made because of its receipt of this Statement of Deficiencies are subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies.

55 Pa. Code § 2800.141.b. A resident shall have a medical evaluation: 1. At least annually.

The Health and Wellness Director worked with resident #7's primary care physician. The ADME was completed on 01/25/2024.

The Health and Wellness Director, or designee, will complete an audit of the resident ADME's to confirm compliance with regulation for an annual medical evaluation no later than 3/22/2024. The Health and Wellness Director will work with the resident's primary care physician for any ADME's that are identified as out of compliance with regulation.

The Health and Wellness Director, or designee, created a spreadsheet with due dates for annual medical evaluations. The Executive Director, or designee, will audit the ADME spreadsheet and confirm completion of the ADME.

Licensee's Proposed Overall Completion Date: 03/22/2024

Implemented () - 09/19/2024)

185a Storage procedures

14. Requirements

2800.

185.a. The residence shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #5 is prescribed Banophen 25 mg, take 1 capsule by mouth every 6 hours as needed, and Promethazine 25

185a Storage procedures (continued)

mg tablet, take 1 tablet by mouth every 6 hours as needed. However, these medications were not available in the residence on 1/25/2024.

Resident #3 is prescribed Bisacodyl suppository 10 mg, unwrap and insert 1 suppository rectally once daily as needed; Glucagon kit 1 mg; Lactaid 3000 unit, take 1 tablet by mouth 3 times daily as needed; Ondansetron 4 mg, take 1 tablet by mouth every 8 hours as needed; and Senexon Plus 8.6-50 mg, take 1 tablet by mouth twice daily as needed. However, these medications were not available in the residence on 1/25/2024

Plan of Correction

Accept () - 04/08/2024

This plan of correction is submitted as required under State law. The submission of this Plan of Correction does not constitute any admission of civil or criminal liability on the part of the named Community as to contents stated in this Statement of Deficiencies. Any changes to the Community's policies and procedures made because of its receipt of this Statement of Deficiencies are subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies.

55 Pa. Code § 2800.185a. The residence shall develop and implement procedures for the safe storage, access, security, distribution, and use of medications and medical equipment by trained staff persons.

The Health and Wellness Director contacted the Pharmacy during the inspection to deliver the medications for resident #3 and #5. The medications were delivered on 1/27/24.

The Health and Wellness Director provided education on the policies related to regulation 2800.185.a during training on 2/9/24 and 2/10/24 with the med passers and licensed nurses. The continued education direction for staff assigned is to contact the Health and Wellness Director, or designee, if a medication is not available to be obtained from the pharmacy. Documentation of training will be maintained.

The Health and Wellness Director, or designee, will conduct an audit of 10% of the residents' medications until there are four weeks of consistent compliance with this regulation. Once four weeks of consecutive compliance is achieved, the Health and Wellness Director, or designee, will monitor monthly. The audits will begin the week of 3/11/2024.

Licensee's Proposed Overall Completion Date: 04/08/2024

Implemented () - 09/19/2024

187a Medication record

15. Requirements

2800.

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.

187a Medication record (continued)

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

On 1/25/2024, resident #2 is ordered Hyoscyamine 0.125 mg, take 1 tablet by mouth/under the tongue every 4 hours as needed. The medication was on the cart; however, it was not indicated on the resident's medication administration record (MAR).

On 1/25/2024, resident #5 is ordered Epinephrine, inject 0.3 ml intramuscularly once as needed for anaphylaxis. The medication was on the cart; however, it was not indicated on the resident's MAR.

Plan of Correction

Accept ([REDACTED]) - 04/08/2024)

This plan of correction is submitted as required under State law. The submission of this Plan of Correction does not constitute any admission of civil or criminal liability on the part of the named Community as to contents stated in this Statement of Deficiencies. Any changes to the Community's policies and procedures made because of its receipt of this Statement of Deficiencies are subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies.

55 Pa. Code § 2800.187.a. A medication record shall be kept to include the following for each resident for whom medications are administered.

The Health and Wellness Director verified the order for resident #2 and #5. The orders were faxed to the pharmacy to profile on eMAR. This was completed on 01/25/2024.

The Area Director of Clinical Services will review the Medication Management policy which includes steps by which a new medication is added to the MAR with the Health and Wellness Director and Executive Director by 4/15/2024. Documentation of training will be maintained.

The Health and Wellness Director provided education on the policies related to regulation 2800.187.a during training on 2/9/24 and 2/10/24 with the med passers and licensed nurses. Documentation of training will be maintained.

The Health and Wellness Director, or designee, will conduct an audit of 10% of the residents' medications and MAR until there are four weeks of consistent compliance with this regulation. Once four weeks of consecutive compliance is achieved the Health and Wellness Director, or designee, will monitor monthly.

The audits will begin the week of 3/11/2024.

187a Medication record (continued)

Licensee's Proposed Overall Completion Date: 04/15/2024

Implemented () - 09/19/2024)

227d Support plan – med/dental

16. Requirements

2800.

227.d. Each residence shall document in the resident's final support plan the dietary, medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a residence to pay for the cost of these medical and behavioral care services. The final support plan must document the assisted living services and supplemental health care services, if applicable, that will be provided to the resident.

Description of Violation

Resident #3 has developed a wound [REDACTED]: however, this medical need is not identified on the annual support plan dated [REDACTED].

Plan of Correction

Accept () - 04/08/2024)

This plan of correction is submitted as required under State law. The submission of this Plan of Correction does not constitute any admission of civil or criminal liability on the part of the named Community as to contents stated in this Statement of Deficiencies. Any changes to the Community's policies and procedures made because of its receipt of this Statement of Deficiencies are subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies.

55 Pa. Code § 2800.227.d. Each residence shall document in the resident's final support plan: the dietary, medical, dental, vision, hearing, mental health, or other behavioral care services, that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a residence to pay for the cost of these medical and behavioral care services. The final support plan must document the assisted living services and supplemental health care services, if applicable, that will be provided to the resident.

The Care Team Manager updated the service plan for Resident #3 to reflect wound care during the inspection on 01/24/24.

The Executive Director, or designee, will audit the final service plans for compliance with regulation 2800.227.d. The audit will be completed no later than 3/29/2024.

The Executive Director, or designee, will conduct an audit of 10% of the residents' final service plans for four weeks of consistent compliance with this regulation. Once four weeks of consecutive compliance is achieved the Executive Director, or designee, will monitor monthly until three months of consecutive compliance is demonstrated. The audits will begin the week of 4/1/2024.

The Executive Director or designee will provide training to all team members on the Assessments and Evaluation policy which includes language to update support plans as needs change by 4/30/2024. Documentation of training will be maintained.

Licensee's Proposed Overall Completion Date: 04/30/2024

227d Support plan – med/dental (continued)

Implemented () - 09/19/2024)

227g Support plan - signatures

17. Requirements

2800.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

The staff person who completed the following support plans did not sign and date the plan:

- * Resident #2, dated ()
- * Resident #3, dated ()
- * Resident #6, dated ()

Plan of Correction

Accept () - 03/29/2024)

This plan of correction is submitted as required under State law. The submission of this Plan of Correction does not constitute any admission of civil or criminal liability on the part of the named Community as to contents stated in this Statement of Deficiencies. Any changes to the Community's policies and procedures made because of its receipt of this Statement of Deficiencies are subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies.

55 Pa. Code § 2800.227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

The Executive Director obtained signatures for the individuals who participated in the development of the support plan for Residents #2, #3 & #6. This was completed by 01/24/2024.

The Executive Director will be responsible for obtaining the signature of the individuals who participated in the development of the support.

The Executive Director, or designee, will audit completed support plans for compliance with regulation 2800.227.g. The audit will be completed no later than 3/29/2024.

The Executive Director, or designee, will conduct an audit of 10% of the residents' support plans for four weeks of consistent compliance with this regulation. Once four weeks of consecutive compliance is achieved the Executive Director, or designee, will monitor monthly until three months of consecutive compliance is demonstrated. The audits will begin the week of 4/1/2024.

Licensee's Proposed Overall Completion Date: 04/01/2024

Implemented () - 09/19/2024)

227k Support plan – copy

18. Requirements

2800.

227k Support plan – copy (continued)

227.k. The residence shall give a copy of the final support plan to the resident and the resident's designated person. The final support plan shall be attached to or incorporated into and serve as part of the resident-residence contract.

Description of Violation

Preliminary support plans are not attached to and incorporated into the resident-residence contracts of residents #1, #2, #3, #4, #5 and #6.

Plan of Correction

Accept ([REDACTED] - 03/29/2024)

This plan of correction is submitted as required under State law. The submission of this Plan of Correction does not constitute any admission of civil or criminal liability on the part of the named Community as to contents stated in this Statement of Deficiencies. Any changes to the Community's policies and procedures made because of its receipt of this Statement of Deficiencies are subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies.

55 Pa. Code § 2800.227.k. The residence shall give a copy of the final support plan to the resident and the resident's designated person. The final support plan shall be attached to or incorporated into and serve as part of the resident/residence contract.

The Executive Director attached the final support plan to the resident/residence contract for resident #2, #3, #4, and #6. Resident #1 and #5 no longer reside at the community. This was completed on 01/24/2024.

The residency agreements and final support plan are completed electronically and incorporated as part of the resident/residence contract.

The Executive Director, or designee, will audit resident electronic records no later than 03/29/2024.

The Executive Director, or designee, will conduct an audit of 10% of the resident final support plans for four weeks of consistent compliance with this regulation. Once four weeks of consecutive compliance is achieved the Executive Director, or designee, will monitor monthly until three months of consecutive compliance is demonstrated. The audits will begin the week of 4/1/2024.

Licensee's Proposed Overall Completion Date: 04/01/2024

Implemented ([REDACTED] - 09/19/2024)