

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

June 4, 2024

[REDACTED], CHIEF OPERATING OFFICER
HSRE-WSL OF WEXFORD VI TRS LLC
[REDACTED]

RE: THE WATERS OF WEXFORD
210-212 FOWLER ROAD
WARRENDALE, PA, 15086
LICENSE/COC#: 44936

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/16/2024 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: *THE WATERS OF WEXFORD* License #: *44936* License Expiration: *02/21/2025*
 Address: *210 212 FOWLER ROAD, WARRENDALE, PA 15086*
 County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *HSRE-WSL OF WEXFORD VI TRS LLC*
 Address: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *82* Waking Staff: *62*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *04/16/2024*

Inspection Dates and Department Representative

04/16/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *143* Residents Served: *55*

Special Care Unit
 In Home: *Yes* Area: *First Second FLR* Capacity: *29* Residents Served: *22*

Hospice
 Current Residents: *11*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *55*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *27* Have Physical Disability: *0*

Inspections / Reviews

04/16/2024 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/09/2024*

05/13/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *05/31/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/17/2024*

Inspections / Reviews *(continued)*

05/20/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/31/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/31/2024

06/04/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/31/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

17 Record confidentiality

1. Requirements

2800.

17. Confidentiality of Records - 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

On 4/16, at 11:11 a.m., the narcotic count book was unlocked, unattended, and accessible on the medication cart located in the first-floor hallway.

Plan of Correction

Accept ([REDACTED] - 05/20/2024)

In response to the violation 2800.17 on 04/16/2024 by the Pennsylvania Bureau of Human Services Licensing, the Director of Health and Wellbeing acted on 04/17/24 and provided re-education to licensed personnel and medication passers regarding the confidentiality of records and proper storage of the narcotic books. An acknowledgement is maintained with attendee signatures to ensure their understanding of regulation 2800.17. To enhance the current operation, the Director of Health and Wellbeing or designee will document periodic unannounced audits of the proper storage of the narcotic books.

The narcotic book was locked immediately when discovered on date of inspection 4/16/24.

An audit will begin on 5/20/24 and will occur three times a week until we have reached 100% compliance

Proposed Overall Completion Date: 06/01/2024

Licensee's Proposed Overall Completion Date: 06/01/2024

Implemented [REDACTED] - 06/04/2024)

23a ADL assistance

2. Requirements

2800.

- 23.a. A residence shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident #1 resides in the secure care unit of the residence. Resident #1 is diagnosed with [REDACTED] for mobility and, according to staff, frequently forgets to use it.

The initial assessment for resident #1, dated [REDACTED], indicates the resident requires total assistance with toileting, bladder management and bowel management. The support plan, dated [REDACTED], indicates "staff will assist x2". The assessment and support plan also indicate the resident has a moderate problem with irritability and agitation, can become upset and agitated easily and "can become aggressive with care...staff are to do care with 2 assist for safety and to step back if [resident #1] becomes aggressive." Under aggression, the plan also indicates "[REDACTED] has some aggression at times" and "staff will do care with 2 assist and monitor for triggers to avoid."

However, on [REDACTED] the support plan for toileting, bladder management and bowel management, was changed and indicates "if [resident #1] is not aggressive, may use assist x1".

23a ADL assistance (continued)

On [REDACTED], at approximately [REDACTED], resident #1 was being toileted by 1 staff person, staff person A. Resident #1 was standing, holding [REDACTED] walker. Staff person A dropped the wipe and turned for a moment then resident #1 fell. Resident #1 sustained a broken hip. The home failed to provide adequate staffing to address the residents needs by having only 1 staff person assist with toileting.

Plan of Correction

Accept ([REDACTED] - 05/20/2024)

In response to the violation 2800.23.a on 04/16/2024 by the Pennsylvania Bureau of Human Services Licensing, resident 1 is no longer residing in our community as [REDACTED] due to needing skilled care.

To enhance the current operation, the Director of Health and Wellbeing or designee will conduct an audit of all residents who demonstrate out of character responses to ensure adequately staffing is provided to meet the resident's needs and the assessment and support plan reflect true and accurate services to be conducted. The assessment and support plans will include behavioral interventions to assist with providing the services and mitigate out of character responses.

Education:

All resident changes and needs are discussed in daily huddle every shift with team members, the DWHB or designee. In addition, a 24 hour shift log is completed and signed off each shift. The following morning the Nurse Supervisor or designee reviews all information that occurred over the 24 hour period and acts on any follow up items/actions needed. The Nurse Supervisor or designee, signs for completion of review with date and initials. This process with Nurse Supervisor or designee signature for review began 2/28/24. It is an ongoing process for best practice. All direct care staff will receive re education to this process. Education will begin 5/20/24 and will be maintained as on going process.

All residents have an electronic care plan that the staff access via an I pad with their daily services to be provided. This includes ambulatory status and status of ADL's to be completed their shift. The information in the electronic care plan is taken from the contents of the resident assessment and support plan.

All direct care staff will receive re education to the electronic care plan and how to access its contents. This will begin on 5/20/24 and to be completed by 6/3/2024.

The Director of Health and Wellbeing or designee will provide reeducation to the Waters Fall Risk Reduction Plan and Fall Management Policy and Procedure. This education will be initiated on 5/20/2024 and will be completed by 6/3/2024. In addition, our annual competency training occurs on 6/20/2024 and 6/21/2024. Items included are 65i (2) "Meeting the needs of residents as described in the assessment tool", (5) "Assisted Living service needs of residents", and (6) "Safe management techniques". In addition, during our competency days, Fox Rehab partners with the Waters to conduct this training for safe management techniques. The Director of Health and Wellbeing also provides a Falls Symposium on the first day of Fall in September each year. Fox Rehab once again partners with the Waters to conduct safe management technique.

The Director of Health and Wellbeing or designee will increase supervision of staff during care, to ensure that staff are proficiently assisting residents with mobility care needs in response to 2600.23 (a). This supervision will begin on 5/20/24 and will occur weekly. Documentation of supervision will be kept each week in a binder.

Licensee's Proposed Overall Completion Date: 06/03/2024

Implemented ([REDACTED] - 06/04/2024)