

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

September 23, 2024

[REDACTED], AREA DIRECTOR OF OPERATIONS  
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 06/13/2024 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]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 12/05/1995 Issued By: L & i

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 57 Waking Staff: 43

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint, Interim Exit Conference Date: 06/13/2024

**Inspection Dates and Department Representative**

06/13/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: 81 Residents Served: 42

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

**Hospice**  
 Current Residents: 7

**Number of Residents Who:**  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 42  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 1  
 Have Mobility Need: 15 Have Physical Disability: 1

**Inspections / Reviews**

06/13/2024 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/31/2024

09/05/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 09/23/2024  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/12/2024

Inspections / Reviews *(continued)*

09/23/2024 POC Submission

Submitted By: [REDACTED] Date Submitted: 09/23/2024  
Reviewer: [REDACTED] Follow Up Type: *Bypass Document Submission*

09/23/2024 Bypass Document Submission

Submitted By: [REDACTED] Date Submitted: 09/23/2024  
Reviewer: [REDACTED] Follow Up Type: *Not Required*

51 Criminal background checks

1. Requirements

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).

51.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, date of hire [redacted] did not have a criminal background check completed.

Plan of Correction

Accept [redacted] - 09/12/2024)

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.

Staff person D’s Criminal Background check was completed on [redacted] Executive Director will retrain the CTM and designee on September 3, 2024, reviewing the time frame of submitting background checks on new hires. The Executive Director or designee will submit background checks for new hires within eight days of the date of hire. The chart audit will start on September 3, 2024. The Executive Director or designee will conduct a weekly audit of staff members files completing 5 per week until all files are completed.

Once the audit is complete ED or designee will audit new hire files on the first day of hire for required completion. The ED or designee will continue with monthly audits.

The ED or Designee will utilize the PA New Employee File Checklist.

Licensee’s Proposed Overall Completion Date: 11/30/2024

Implemented ([redacted] - 09/23/2024)

54a Direct care staff quals

2. Requirements

2800.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A, hired [redacted], does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept [redacted] - 09/12/2024)

This plan of correction is submitted as required under State law. The submission of this Plan of Correction does not

**54a Direct care staff quals (continued)**

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.

Staff person A's High School transcript was received on June 17, 2024. The ED will retrain the CTM and designee on DHS regulations 2800.54.a on September 3, 2024. The chart audit will start on September 3, 2024. The Executive Director or designee will conduct a weekly audit of staff members files completing 5 per week until all files are completed.

Once the audit is complete ED or designee will audit new hire files on the first day of hire for required completion. The ED or designee will continue with monthly audits.

The ED or Designee will utilize the PA New Employee File Checklist.

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented (█) - 09/23/2024)

**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.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

**Description of Violation**

Direct care staff person A, whose first day of work was █; and, direct care staff person B, whose first day of work was █, did not receive 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 residence's smoking policy and the location of smoking areas, if applicable.

65a Fire Safety 1st day (continued)

- 5). The location and use of fire extinguishers.
- 6). Smoke detectors and fire alarms.
- 7). Telephone use and notification of emergency services.

**Plan of Correction**

Accept ( [redacted] - 09/12/2024)

*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). 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.*

*Staff Person A no longer works for the community. Staff Person B received [redacted] training on [redacted]. The Emergency Service Manager and designee was retrained on Fire Safety 8/28/2024. The chart audit will start on September 3, 2024, and anyone who has hasn't had the training will receive it by completed by September 30, 2024. The Executive Director or designee will conduct a weekly audit of staff members files completing 5 per week until all files are completed.*

*Once the audit is complete ED or designee will audit new hire files on the first day of hire for required completion. The ED or designee will continue with monthly audits.*

*The ED or Designee will utilize the PA New Employee File Checklist.*

**Licensee's Proposed Overall Completion Date: 11/30/2024**

**Implemented [redacted] - 09/23/2024)**

65b Direct care staff initial orientation

4. Requirements

2800.

65.b. Direct care staff persons shall complete an initial orientation approved by the Department before providing direct care to residents.

Description of Violation

Direct care staff person A, whose first day of work was [REDACTED] did not receive orientation on their job duties.

Direct care staff person B, whose first day of work was [REDACTED], did not receive orientation on their job duties.

Plan of Correction

Accept ( [REDACTED] - 09/12/2024)

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.

Staff Person A no longer works at the community. Staff Person B received their training on [REDACTED].

The ED or designee will be retrained on [REDACTED], regarding the process for initial orientation guidelines. An audit will be conducted and those identified as not having completed the training will receive their training by September 30, 2024. Within 1-2 weeks of hire the Executive Director or designee will routinely audit the new hire files for completion of training.

Once the audit is complete ED or designee will audit new hire files on the first day of hire for required completion. The ED or designee will continue with monthly audits.

The ED or Designee will utilize the PA New Employee File Checklist.

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented ( [REDACTED] - 09/23/2024)

65e Rights/Abuse 40 Hours

5. 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:

Description of Violation

Direct care staff person A, date of hire [REDACTED]; and, direct care staff person B, date of hire [REDACTED] did not complete training in the following topics:

**65e Rights/Abuse 40 Hours (continued)**

- \* Resident rights.
- \* Emergency medical plan.
- \* Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act.
- \* Reporting of reportable incidents and conditions.
- \* Safe management techniques.
- \* 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.

Direct care staff person C, date of hire [REDACTED], did not complete training in the following topics:

- \* Resident Rights.
- \* Emergency Medical Plan.
- \* Safe management techniques.
- \* 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.

**Plan of Correction**

Accept ( [REDACTED] ) - 09/12/2024)

*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.*

*Staff Person A no longer works for the company. Staff Person B and Staff Person C completed their training on September 9, 2024. The ED or designee will be retrained on September 3, 2024, regarding the process for initial orientation guidelines. An audit will be conducted and those identified as not having completed the training will receive their training by September 30, 2024.*

*Once the audit is complete ED or designee will audit new hire files on the first day of hire for required completion. The ED or designee will continue with monthly audits.*

*The ED or Designee will utilize the PA New Employee File Checklist.*

65e Rights/Abuse 40 Hours (continued)

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented [REDACTED] - 09/23/2024)

65g Initial direct care training

6. Requirements

2800.

65.g. Direct care staff persons may not provide unsupervised assisted living services until completion of 18 hours of training in the following areas:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, date of hire [REDACTED] did not complete the Department-approved direct care training course and pass the competency test as of [REDACTED].

Plan of Correction

Accept [REDACTED] - 09/12/2024)

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.

Staff Person A no longer works at the community, the CTM and designee will be retrained on September 3, 2024. An audit will be conducted starting September 3, 2024, with completion by November 30, 2024. If a team member does not have the training, it will be completed as soon as practicable but no later than 11/30/2024. Team member will require supervision providing care until training is complete. Training documentation will be maintained. At hire the Executive Director or designee will complete the Department-approved direct care training course with the new team member prior to providing care services to the residents.

Once the audit is complete ED or designee will audit new hire files on the first day of hire for required completion. The ED or designee will continue with monthly audits.

The ED or Designee will utilize the PA New Employee File Checklist.

65g Initial direct care training (continued)

Proposed Overall Completion Date: 09/30/2024

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented ( ) - 09/23/2024)

185a Storage procedures

8. 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

On [redacted], resident #3's [redacted] was not calibrated to the current date and time.

On [redacted], resident #4's [redacted] was not calibrated to the current date and time.

There were multiple discrepancies in resident #3's blood glucose documentation on the June 2024 MAR including:

- \* [redacted]
- \* [redacted]
- \* [redacted]
- \* [redacted]

Resident #4's blood glucose reading on [redacted] was [redacted] however, the MAR indicates [redacted]

185a Storage procedures (continued)

**Plan of Correction**

Directed ( [redacted] ) - 09/12/2024)

*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.*

*The RN calibrated Resident #4's glucose monitoring machine while DHS was here on 6/14/2024. A meeting for med passers and nurses was held on 6/18/24, for documented reeducation by the Area Director of Clinical Services on the medication policy and procedures. Any med passer or nurse not in attendance will be trained by the Area Director of Clinical Services or designee no later than 7/1/24. Documentation will be maintained. The Health and Wellness Director or designee will conduct a weekly audit on the Glucometers to ensure accuracy of date and time.. Upon completion of audits the Health and Wellness Director or designee will conduct monthly audits. Documentation will be maintained.*

[redacted]  
[redacted] —Unacceptable portion of plan [redacted] 9/12/24

Directed Completion Date: 10/10/2024

Implemented [redacted] - 09/23/2024)

187d Follow prescriber's orders

**9. Requirements**

2800.  
187.d. The home shall follow the directions of the prescriber.

**Description of Violation**

*Resident #2 is prescribed [redacted], take 1 tablet by mouth twice a day; however, this medication was not administered to the resident on [redacted] because the medication was not available in the home.*

*Resident #3 is prescribed [redacted], inject per sliding scale 3 times a day [redacted]*

187d Follow prescriber's orders (continued)

- On [REDACTED] the resident's blood glucose was only checked twice and the sliding scale insulin was only administered twice.
- On [REDACTED] in the morning, resident #3's blood glucose reading was [REDACTED] and [REDACTED] units of insulin were administered; however, the home should have administered [REDACTED] units.

Resident #4 is prescribed [REDACTED] tablet, take 1/2 tablet by mouth once a day; however, this medication was not administered to the resident on [REDACTED] because the medication was not available in the home.

Plan of Correction

Accept [REDACTED] - 09/05/2024)

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.

Team members who administer medications were provided training on June 18, 2024, regarding medication administration steps including the 7 rights of medication administration which includes following the directions of the provider. The Health and Wellness Director or designee will complete weekly audits of the resident's medication record to confirm that the home is following the directions of the prescriber. The Health and Wellness Director or designee will continue weekly monitoring of the electronic medication administration records (eMAR). Additional weekly monitoring of eMAR will be conducted until there are four weeks of consecutive compliance with this regulation. The Health and Wellness Director or designee completed medication cart audits during the week of 7/26/24 to verify that prescribed medications/treatments were available for administration. Medications were reordered and delivered if needed. The Health and Wellness Director or designee will continue weekly cart audits. Team members who administer medications will be provided training on medication reordering process for residents that use preferred pharmacy and outside pharmacies. Team members who administer medications were provided training on medication administration steps including how to document a medication that is not administered.

[REDACTED] - Unacceptable portion of plan [REDACTED] 9/5/24

Licensee's Proposed Overall Completion Date: 10/24/2024

Implemented [REDACTED] - 09/23/2024)