

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

November 19, 2024

[REDACTED]
SOUTHWESTERN HEALTHCARE OPERATIONS LLC
[REDACTED]

RE: THE RESIDENCE AT ARROWOOD
512 N LEWIS RUN ROAD
PITTSBURGH, PA, 15122
LICENSE/COC#: 45215

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/01/2024 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 RESIDENCE AT ARROWOOD* License #: *45215* License Expiration: *12/06/2024*
 Address: *512 N LEWIS RUN ROAD, PITTSBURGH, PA 15122*
 County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *SOUTHWESTERN HEALTHCARE OPERATIONS LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: Total Daily Staff: *53* Waking Staff: *40*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: *10/01/2024*

Inspection Dates and Department Representative

10/01/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *84* Residents Served: *46*

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

Hospice
 Current Residents: *10*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *46*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *7* Have Physical Disability: *0*

Inspections / Reviews

10/01/2024 Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/19/2024*

10/16/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: *11/18/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/22/2024*

Inspections / Reviews (*continued*)

10/17/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/18/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/10/2024

11/19/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/18/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On the morning of [redacted] from approximately 7:00am through 10:00am, there were no qualified staff persons in the home to administer medications. As a result, numerous residents did not receive their prescribed morning medications on [redacted] to include resident [redacted] and [redacted]. However, these medication errors were not reported to the Department.

Plan of Correction

Accept [redacted] 10/17/2024)

On 10-3-24 a reportable was sent regarding med error. On 10-2-24 DON was in serviced on regulation 2600 16c by administrator On 10-10/ 10-12/10-14-24 DCS was in serviced on regulation 16c. Administrator or designee will monitor reportable incidents starting 10-3-24 daily x7 days ,weekly x 2 weeks biweekly x 2 monthly x1 then annually and as needed.

Licensee's Proposed Overall Completion Date: 12/09/2024

Implemented [redacted] - 11/19/2024)

60a - Staff/Support Plan

2. 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 the morning of [redacted] from approximately 7:00am through 10:00am, there were no qualified staff persons in the home to administer medications. As a result, numerous residents did not receive their prescribed morning medications on [redacted], to include the following:

- Resident [redacted] 3 times daily with meals in accordance with sliding scale
- Resident [redacted] every morning at 7:00am

Plan of Correction

Accept [redacted] - 10/17/2024)

Immediately following survey staffing was reviewed and adjusted to ensure adequate staffing. DON was in serviced on regulation 2600 60a by administrator on 10-2-24. Administrator or designee will monitor staffing daily x 7days starting 10-2-24 , weekly x2, biweekly x2. At least 3 DCS will be trained as Med techs by administrator once Temple site is available and to be completed no later than Nov 10 to ensure on going compliance of regulation 60a. DON or designee to cover all open med tech shifts starting 10-2-24 .

Licensee's Proposed Overall Completion Date: 11/25/2024

Implemented [redacted] 11/19/2024)

187b - Date/Time of Medication Admin.

3. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [redacted] is prescribed [redacted] 3 times daily with meals in accordance with sliding scale. Resident [redacted] did not receive [redacted] checks on [redacted] on 9/14/24 at 7:00am; however, staff person A documented on resident [redacted] September 2024 medication administration record (MAR) as administering the medication.

Resident [redacted] is prescribed [redacted] -Take 1/2 tablet ([redacted]) 3 times daily; however, resident # [redacted] September 2024 MAR does not include the initials of the staff person who administered this medication to resident [redacted] at 2:00pm on 9/5/24, 9/12/24, 9/28/24 or 9/30/24.

Resident [redacted] is prescribed [redacted] every morning at 7:00am. Resident [redacted] did not receive his insulin on 9/14/24 at 7:00am; however, staff person A documented on resident [redacted] September 2024 MAR as administering the medication.

Plan of Correction

Directed ([redacted] - 10/17/2024)

Immediately following survey on 10-2-24 all resident MARs where reviewed to ensure all meds are singed off at the time of administration. DCS will be in serviced on regulation 2600 187b by 10-20-24 . (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [redacted] 10/17/24). A review of all resident MARS will be done by administrator or designee weekly x4 starting 10-7-24 then bi weekly x2 monthly x2 then biannually and as needed to ensure compliance of regulation 2600187b . Pharmacy was contacted to resolve issue with options to circle meds when other option is selected. (DIRECTED: By 11/5/24: The administrator shall ensure options are added to the home's electronic MAR's to properly document on resident MAR's when medications are not administered to residents. [redacted] 10/17/24).

Proposed Overall Completion Date: 12/27/2024

Directed Completion Date: 11/05/2024

Implemented [redacted] - 11/19/2024)

187d Follow Prescriber's Orders

4. Requirements

2600.

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

Description of Violation

On the morning of [redacted] from approximately 7:00am through 10:00am, there were no qualified staff persons in the home to administer medications. As a result, numerous residents did not receive their prescribed morning medications on [redacted], to include the following:

- Resident [redacted] s [redacted] 3 times daily with meals in accordance with sliding scale
- Resident [redacted] [redacted] every morning at 7:00am

Plan of Correction

Directed [redacted] - 10/17/2024)

Immediately following survey all resident MARS where reviewed for compliance of regulation 187d. DCS will be in

187d - Follow Prescriber's Orders (continued)

serviced on regulation 187d by administrator by 10-20-24. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 10/17/24). A review of all resident mars will be done by administrator or designee weekly x4 starting 10-7-24 biweekly x2 monthly x2 then biannually and as needed administrator or designee to cover open med tech shift to ensure compliance of regulation 2600 187d.

DIRECTED: By 11/5/24: The administrator shall ensure options are added to the home's electronic MAR's to properly document on resident MAR's when medications are not administered to residents.

Proposed Overall Completion Date: 12/27/2024

Directed Completion Date: 11/05/2024

Implemented [REDACTED] - 11/19/2024)