

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

December 4, 2024

[REDACTED], CHIEF OPERATING OFFICER
HSRE-WSL OF WEXFORD VI TRS LLC
[REDACTED]
[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 10/17/2024, 10/18/2024 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

Type: I-1 Date: 05/17/2018 Issued By: Marshall Township
Type: I-1 Date: 05/07/2018 Issued By: Marshall Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 131 Waking Staff: 98

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 10/18/2024

Inspection Dates and Department Representative

10/17/2024 - On-Site: [Redacted]
10/18/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

Table with 4 columns: Category, Value 1, Value 2, Value 3. Rows include General Information (License Capacity: 143, Residents Served: 96), Special Care Unit (In Home: Yes, Area: 1st and 2nd floors, Capacity: 29, Residents Served: 25), Hospice (Current Residents: 12), and Number of Residents Who (Receive Supplemental Security Income: 0, Are 60 Years of Age or Older: 95, Diagnosed with Mental Illness: 0, Diagnosed with Intellectual Disability: 0, Have Mobility Need: 35, Have Physical Disability: 0).

Inspections / Reviews

10/17/2024 Full
Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 11/03/2024

Inspections / Reviews (*continued*)

11/04/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/25/2024

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 11/08/2024

11/12/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/25/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/25/2024

12/04/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/25/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

3d Post license/VR/Regs

1. Requirements

2800.

- 3.d. The assisted living residence shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the assisted living residence.

Description of Violation

On 10/17/24, the following license inspection summaries were not posted in a conspicuous and public place in the residence:

- *License inspection summary, dated 12/13/23*
- *License inspection summary, dated 1/24/24*
- *License inspection summary, dated 4/16/24*

Plan of Correction

Accept [REDACTED] - 11/12/2024)

In response to the violation 2800.3.d by the Pennsylvania Bureau of Human Services Licensing On 10/17/24 license summaries dated 12/13/23, 1/24/24 and 4/16/24 were added to the licensing binder.

Business Operation Manager held meeting with concierge team educating them that state regulation 3d required licensing binder be kept in a conspicuous and public place in the assisted living residence. The licensing will be kept on the counter directly behind the concierge desk in plain sight for the public to see.

All concierges that attended this training signed attendance sheet.

Incoming concierge will ensure licensing binder is in designated place each day upon shift starting.

Amendment:

In response to the violation 2800.3.d by the Pennsylvania Bureau of Human Services Licensing On 10/17/24 license summaries dated 12/13/23, 1/24/24 and 4/16/24 were added to the licensing binder.

Business Operation Manager held meeting on 10/23/24 with concierge team educating them that state regulation 3d required licensing binder be kept in a conspicuous and public place in the assisted living residence. The licensing will be kept on the counter directly behind the concierge desk in plain sight for the public to see.

All concierges that attended this training signed attendance sheet.

Incoming concierge will ensure licensing binder is in designated place each day upon shift starting and log compliance in tracking log that will be kept at concierge desk.

The information outlined in this violation will be reviewed at the Quality Management meeting on 11/25/24.

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

Implemented [REDACTED] - 12/04/2024)

25b Contract signatures and renewal

2. Requirements

2800.

- 25b . The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees. The contract must run month-to-month with automatic renewal unless terminated by the resident with 14 days notice or by the residence with 30 days notice in accordance with § 2800.228 (relating to transfer and discharge).

Description of Violation

Resident #1's resident-residence contract, dated [REDACTED], is not signed by the resident.

25b Contract signatures and renewal (continued)

Resident #2's resident residence contract, dated [REDACTED] is not signed by the resident.

Resident #3's resident residence contract, dated [REDACTED] is not signed by the resident.

Resident #4's resident residence contract, dated [REDACTED] is not signed by the resident.

Plan of Correction**Accept [REDACTED] - 11/12/2024)**

In response to the violation 2800.25b by the Pennsylvania Bureau of Human Services Licensing, Senior Leasing Consultant immediately on 10 25 24 had resident #1, #2, #3 and #4 sign contract. Audits of all contracts will be done monthly of all new residents by the Senior Leasing Consultant.

A form has been added to each resident file to indicate a resident signature is present on the contract.

The form outlines the following criteria:

1. Did the resident(s) sign lease contract upon move in? Yes or No
2. If no, resident was either unable to participate, or unable to sign. In such instance, a witness signature and residents designated person will sign lease contract.

Amendment:

In response to the violation 2800.25b by the Pennsylvania Bureau of Human Services Licensing, Senior Leasing Consultant immediately on 10 25 24 had resident #1, #2, #3 and #4 sign contract. Audits of all contracts will be done monthly of all new residents by the Senior Leasing Consultant.

A form has been added on 10/30/24 to each resident file to indicate a resident signature is present on the contract.

The form outlines the following criteria:

1. Did the resident(s) sign lease contract upon move in? Yes or No
2. If no, resident was either unable to participate, or unable to sign. In such instance, a witness signature and residents designated person will sign lease contract.

Monthly resident contract audits will begin 11/11/24 and continue monthly.

The information outlined in this violation will be reviewed at the Quality Management meeting on 11/25/24.

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

Implemented [REDACTED] - 12/04/2024)**96a First aid kit****3. Requirements**

2800.

- 96.a. The residence shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers. The residence shall have an automatic external defibrillation device located in each building on the premises.

Description of Violation

On 10/18/24 at approximately 11:30 AM, the residence's first aid kit did not include the following:

- A breathing shield

96a First aid kit (continued)

- eye coverings
- A thermometer

Plan of Correction

Accept () - 11/12/2024)

In response to the violation 2800.96.a by the Pennsylvania Bureau of Human Services Licensing, on 10/18/24, Business Operations Manager added breathing shield, eye coverings and thermometer to first aid kit that were missing during state survey on 10/18/24.

First aid kit will be audited once a month to ensure all required items are present.

Business Operations Manager or Lead Concierge will be responsible for month audit. Audit checklist will be maintained at concierge desk.

Amendment:

In response to the violation 2800.96.a by the Pennsylvania Bureau of Human Services Licensing, on 10/18/24, Business Operations Manager added breathing shield, eye coverings and thermometer to first aid kit that were missing during state survey on 10/18/24.

First aid kit will be audited once a month to ensure all required items are present. Monthly audits will begin 11/11/24 and continue monthly.

Business Operations Manager or Lead Concierge will be responsible for month audit. Audit checklist will be maintained at concierge desk.

The information outlined in this violation will be reviewed at the Quality Management meeting on 11/25/24.

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

Implemented () - 12/04/2024)

101j7 Lighting/operable lamp

4. Requirements

2800.

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

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 10/17/24, no operable lamp or other source of lighting was present at resident #5's bedside.

REPEAT VIOLATION: 1/24/2023, et. al.

Plan of Correction

Accept () - 11/12/2024)

In response to the violation 2800.101j7 by the Pennsylvania Bureau of Human Services Licensing, Environmental Services Manager installed light next to bed of resident #5 on 10/17/2024

Environment Service Manager will install push lamps on all residents bedside walls by 11 15 24

101j7 Lighting/operable lamp (continued)

All current resident apartments will be audited by Environmental Service Manager to ensure each apartment has an operable lamp or other source of lighting that can be turned on at bedside . This will be completed by 11/15/24. Each resident apartment will be checked on the day of move in for all future residents to ensure an operable lamp or other source of lighting that can be turned on at bedside. Move in checklist will be used to ensure compliance. Either Environmental Services Manager or Executive Director will be responsible for compliance.

Amendment:

In response to the violation 2800.101j7 by the Pennsylvania Bureau of Human Services Licensing, Environmental Services Manager installed light next to bed of resident #5 on 10/17/2024 Environment Service Manager will install push lamps on all resident's bedside walls by 11 15 24 All current resident apartments will be audited by Environmental Service Manager to ensure each apartment has an operable lamp or other source of lighting that can be turned on at bedside . This will be completed by 11/15/24. Each resident apartment will be checked on the day of move in for all future residents to ensure an operable lamp or other source of lighting that can be turned on at bedside. Move in checklist will be used to ensure compliance. Either Environmental Services Manager or Executive Director will be responsible for compliance. Monthly monitoring of resident apartments will begin 11/11/24 and completed by housekeeper that is assigned to resident apartment. Tracking log will be maintained by each housekeeper and audited weekly by Environmental Services Manager. The information outlined in this violation will be reviewed at the Quality Management meeting on 11/25/24.

Proposed Overall Completion Date: 11/25/2024

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

Implemented ([REDACTED]) - 12/04/2024)

141b1 Annual medical evaluation

5. Requirements

- 2800. 141.b. A resident shall have a medical evaluation: 1. At least annually.

Description of Violation

Resident #6's most recent medical evaluation, dated [REDACTED], does not include the professional license number of the physician that completed resident #6's medical evaluation.

Plan of Correction

Accept ([REDACTED]) - 11/12/2024)

In response to the violation 2800.141.b by the Pennsylvania Bureau of Human Services Licensing the Director of Health and Wellbeing has established a new, significant change or annual ADME checklist to ensure there is complete physician or practitioner documentation. The checklist outlines the following criteria: The ADME has all the Prescriber information including signature and License number included on the form. If no, was the Practioner notified and what measures were taken to comply with the regulation and form requirements? To enhance the current operations, by 11/11/2024 the Director of Health and Wellbeing will conduct training with all nurses in regulatory requirements for a medical evaluation. Documentation of completed education will be

141b1 Annual medical evaluation (continued)

placed in the nurse's employment file.

Amendment:

In response to the violation 2800.141.b by the Pennsylvania Bureau of Human Services Licensing the Director of Health and Wellbeing has established a new, significant change or annual ADME checklist to ensure there is complete physician or practitioner documentation.

The checklist outlines the following criteria: The ADME has all the Prescriber information including signature and License number included on the form. If no, was the Practitioner notified and what measures were taken to comply with the regulation and form requirements?

The checklist will be completed and reviewed for a total of three months or until we reach 100% compliance.

On 10/28/24 The RN Case Manager amended the medical evaluation to include the License # for the Physician. On 10/28/24, all records were reviewed by the RN Case Manager or designee and found to be compliant with the requirements for Regulation 2800.141.b

To enhance the current operations, by 11/1/2024 the Director of Health and Wellbeing will conduct training with all nurses in regulatory requirements for a medical evaluation. Documentation of completed education will be placed in the nurse's employment file.

This information will be discussed on 11/25/24 in the Quality Management meeting.

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

Implemented [REDACTED] - 12/04/2024)

162c Menus - posted**6. Requirements**

2800.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On 10/17/24, the only menu posted in residence ended on 10/19/24.

Plan of Correction

Accept [REDACTED] - 11/12/2024)

In response to the violation 2800.162c by the Pennsylvania Bureau of Human Services Licensing, on 10/18/24 Director of Culinary posted menus for the next two consecutive weeks. Each Sunday beginning 11-3-24 the old menu for the week that just ended the day before will be removed and new menu starting the the following Sunday will be displayed. This will ensure the current week's menu as well as the following week's menu will always be posted. Director of Culinary or Dining Room Manager will be responsible for posting new menus each week.

Amendment:

In response to the violation 2800.162c by the Pennsylvania Bureau of Human Services Licensing, on 10/18/24 Director of Culinary posted menus for the next two consecutive weeks. Each Sunday beginning 11-3-24 the old menu for the week that just ended the day before will be removed and new menu starting the following Sunday will be displayed. This will ensure the current week's menu as well as the following week's menu will always be posted.

162c Menus - posted (continued)

Culinary staffed by trained on 10/30/24 and all attendees signed attendance sheet.
Director of Culinary or Dining Room Manager will be responsible for posting new menus each week.
The information outlined in this violation will be reviewed at the Quality Management meeting on 11/25/24.

Proposed Overall Completion Date: 11/25/2024

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

Implemented [redacted] - 12/04/2024)

187d Follow prescriber's orders

7. Requirements

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

Description of Violation

According to resident #3's [redacted] medication administration record (MAR), resident #3 was not administered numerous medications on [redacted], to include the following:

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

Plan of Correction

Accept [redacted] - 11/12/2024)

In response to violation 2800.187.d by the Pennsylvania Bureau of Human Services Licensing the Director of Health and Wellbeing or designee will pull a missed medication report from our Eldermark Computer system every 24hrs. This report will be reviewed by the Director of Health and Wellbeing or her designee. For any missed medication found the Director of Health and Wellbeing or designee will investigate the reason for missed medication and ensure appropriate documentation of the missed medication is present.

To enhance the current operations, by 11/11/2024 the Director of Health and Wellbeing will conduct training with all nurses or designees to the daily missed medications report and the proper documentation procedure required for a missed medication. Documentation of completed education will be placed in the nurse's employment file. Each Med Tech is assigned daily med cart audit and are required to turn med cart audits into DHWB or designee.

Amendment:

In response to violation 2800.187.d by the Pennsylvania Bureau of Human Services Licensing the Director of Health and Wellbeing or designee will pull a missed medication report from our Eldermark Computer system every 24hrs. This report will be reviewed by the Director of Health and Wellbeing or her designee. The Director of Health and Wellbeing or designee began using the missed medication report on 10/21/24.

187d Follow prescriber's orders (continued)

For any missed medication found the Director of Health and Wellbeing or designee will investigate the reason for the missed medication and ensure appropriate documentation of the missed medication is present.

Med Tech trained staff are required to do daily audits of the medication carts and turn them into the Director of Health and Wellbeing or her designee.

The missed medication report will be reviewed over a period of three months or until we reach 100% compliance.

To enhance the current operations, by 11/1/2024 the Director of Health and Wellbeing will conduct training with all nurses or designees to the daily missed medications report and the proper documentation procedure required for a missed medication. Documentation of completed education will be placed in the nurse's employment file.

This information will be reviewed at the 11/25/24 Quarterly Meeting.

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

Implemented [REDACTED] - 12/04/2024)

225b Assessment content**8. Requirements**

2800.

225.b. The assessment must, at a minimum include the following:

6. The resident's need for special diet or meal requirements.

Description of Violation

Resident #7 was prescribed a soft and bite sized diet on [REDACTED] however, resident #7's most recent assessment, dated [REDACTED], indicates a regular diet.

Plan of Correction

Accept [REDACTED] - 11/12/2024)

In response to violation 2800.225.b by the Pennsylvania Bureau of Human Services Licensing, the diet was immediately amended on the care plan to match the order. There are dietary binders in the Specialty Care units with resident photos to ensure the right resident is receiving the right specialty diet. These binders are accessible to staff so they can check the current diet in the care plan to what is listed in the binder.

The Director of Health and Wellbeing has also established a new check list for resident diets.

The checklist outlines the following criteria.

What is the residents' current diet? Has the resident's diet changed Yes, or No? If the diet has changed, was the updated diet order documented on the resident's care plan Yes, or No? If the diet has changed, did the new diet information get placed in the diet binder on the Specialty Care Unit. If not, please place the new diet change sheet in the binder.

To enhance the current operations, by 11/1/2024 the Director of Health and Wellbeing will conduct training with all nurses in regulatory requirements and documentation for accurate assessment content related to diets.

Documentation of completed education will be placed in the nurse's employment file.

Amendment:

In response to violation 2800.225.b by the Pennsylvania Bureau of Human Services Licensing, the diet was immediately amended on the care plan to match the order. There are dietary binders in the Specialty Care units with resident photos to ensure the right resident is receiving the right specialty diet. These binders are accessible to staff

225b Assessment content (continued)

so they can check the current diet in the care plan to what is listed in the binder.

The Director of Health and Wellbeing has also established a new check list for resident diets. The check list was initiated on 10/28/24.

The checklist outlines the following criteria.

What is the residents' current diet? Has the resident's diet changed Yes, or No? If the diet has changed, was the updated diet order documented on the resident's care plan Yes, or No? If the diet has changed, did the new diet information get placed in the diet binder on the Specialty Care Unit. If not, please place the new diet change sheet in the binder.

The checklist is completed for all residents when there is a diet change. This checklist is turned into the Director of Health and Wellbeing or designee for comparison to the assessment plan for accuracy as the changes occur.

The checklist will be completed and reviewed for a period of three months or until we reach 100% compliance.

To enhance the current operations, by 11/1/2024 the Director of Health and Wellbeing will conduct training with all nurses in regulatory requirements and documentation for accurate assessment content related to diets.

Documentation of completed education will be placed in the nurse's employment file.

This information will be shared at the Quality Management meeting on 11/25/24.

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

Implemented (redacted) - 12/04/2024)

227c Final support plan - revision

9. Requirements

2800.

227.c. The final support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment. The residence shall review each resident's final support plan on a quarterly basis and modify as necessary to meet the resident's needs.

Description of Violation

Resident #2's most recent quarterly support plan review was completed on (redacted).

Plan of Correction

Accept (redacted) - 11/12/2024)

In response to violation 2800.227.c by the Pennsylvania Bureau of Human Services Licensing the Director of Health and Wellbeing has established a new check list for quarterly updates documentation to the assessment plan. The checklist outlines the following criteria: Was the quarterly update to the support plan completed and signed within the allotted quarter?

If not, was the quarterly update completed with a note? Date the quarterly update completed.

To enhance the current operations, by 11/11/2024 the Director of Health and Wellbeing will conduct training with all nurses in regulatory requirements for a quarterly update to the assessment plan. Documentation of completed education will be placed in the nurse's employment file.

Amendment:

In response to violation 2800.227.c by the Pennsylvania Bureau of Human Services Licensing the Director of Health and Wellbeing has established a new check list for quarterly updates documentation to the assessment plan.

The checklist outlines the following criteria: Date of the last quarterly assessment, Was the quarterly update to the

227c Final support plan revision (continued)

support plan completed and signed within the allotted quarter? If not, was the quarterly update completed with a note? Date the quarterly update completed.

The checklist will be completed and reviewed for a period of three months or until 100% compliance is reached. The RN Case Manager reviewed and amended the assessment plan to meet the quarterly requirements on 10/28/24. We electronically do 90 day (quarterly) assessments in our Eldermark system. On 10/28/24, The RN Case Manager added the updates from the electronic assessment to the assessment plan to be in compliance with the updates. To enhance the current operations, by 11/1/2024 the Director of Health and Wellbeing will conduct training with all nurses in regulatory requirements for a quarterly update to the assessment plan. Documentation of completed education will be placed in the nurse's employment file. This information will be reviewed at the Quality Management Meeting on 11/25/24.

Proposed Overall Completion Date: 11/25/2024

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

Implemented (████) - 12/04/2024)

231b Medical evaluation

10. Requirements

2800.

231.b. Medical evaluation. A resident or potential resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission.

- 1. Documentation for a special care unit for residents with Alzheimer's disease or dementia must include the resident's diagnosis of Alzheimer's disease or dementia and the need for the resident to be served in a special care unit.

Description of Violation

Resident #7 currently resides in the residence's special care unit (SCU); however, resident #7's most recent medical evaluation, dated █████, does not include a diagnoses of █████.

Plan of Correction

Directed (████) - 11/12/2024)

In response to violation 2800.231b.b by the Pennsylvania Bureau of Human Services Licensing, a verbal order was obtained and signed by the Nurse Practitioner on 10/24/24 to add the diagnosis of █████ to the ADME.

The Director of Health and Wellbeing has established a new, significant change or annual ADME checklist for Specialty Care to ensure there is complete physician or practitioner documentation.

The checklist outlines the following criteria: Please circle one: New Admission, Significant Change or Annual evaluation. Does the ADME include a diagnosis of █████ Yes, or No? If no, was what measures were taken to comply with the regulation and form requirements to correct the ADME

231b Medical evaluation (continued)

The checklist was implemented on 10/28/24. This checklist is done with every new admission, a significant change or with an annual evaluation. The medical evaluation is reviewed by the Director of Health and Wellbeing or designee at the time the evaluation is completed and before it is put to the medical record.

The check list will be completed and reviewed for a period of three months or until we reach 100% compliance. To enhance the current operations, by 11/1/2024 the Director of Health and Wellbeing will conduct training with all nurses in regulatory requirements for a medical evaluation. Documentation of completed education will be placed in the nurse's employment file.

This information will be reviewed at the Quality Management meeting on 11/25/24

DIRECTED: Within 48 hours of receipt of the plan of correction: Resident #7's medical evaluation shall be updated by the medical professional who completed the form to indicate a diagnosis of [REDACTED]. A copy of the completed medical evaluation shall be kept in resident #7's record. LM 11/12/24

Proposed Overall Completion Date: 11/25/2024

Directed Completion Date: 11/25/2024

Implemented [REDACTED] - 12/04/2024)

233c Key-locking devices

11. Requirements

2800.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

On 10/17/24, the directions for operating the locking mechanisms at the following exit doors in the residence's SCU were not conspicuously posted near the exit doors:

- The SCU main entrance door leading to the assisted living section of the residence
- The 1st floor exit door at stairwell #1
- The 1st floor exit door at stairwell #2
- The 2nd floor exit door at stairwell #2

Plan of Correction

Accept [REDACTED] - 11/12/2024)

In response to the violation 2800.233c by the Pennsylvania Bureau of Human Services Licensing, by 11-4-24 Environmental Services Manager will post directions for operating locking mechanisms at the following doors: The SCU main entrance door leading to the assisted living section of the residence, the 1st floor exit door at stairwell #1, the 1st floor exit door at stairwell #2, and the 2nd floor exit door at stairwell #2.

Monthly visual checks will be conducted and logged in binder to be kept in Environmental Services Manager office. Environmental Services Manager or Executive Director will be responsible for monthly checks and logging checks in designated binder.

Amendment:

In response to the violation 2800.233c by the Pennsylvania Bureau of Human Services Licensing, by 11-4-24

233c Key locking devices (continued)

Environmental Services Manager will post directions for operating locking mechanisms at the following doors: The SCU main entrance door leading to the assisted living section of the residence, the 1st floor exit door at stairwell #1, the 1st floor exit door at stairwell #2, and the 2nd floor exit door at stairwell #2.

Monthly visual checks beginning 11/11/24 will be conducted by Environmental Services Manager and will include a check of all SCU doors to ensure compliance and logged in binder to be kept in Environmental Services Manager office.

Environmental Services Manager or Executive Director will be responsible for monthly checks and logging checks in designated binder.

The information outlined in this violation will be reviewed at the Quality Management meeting on 11/25/24.

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

Implemented [REDACTED] - 12/04/2024)