

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

January 17, 2025

[REDACTED]  
PRESBYTERIAN SENIORCARE  
[REDACTED]  
[REDACTED]

RE: WOODSIDE PLACE OF  
WASHINGTON OF PRESBYTERIAN  
SENIORCARE  
954 REDSTONE ROAD  
WASHINGTON, PA, 15301  
LICENSE/COC#: 45099

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/16/2024 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: WOODSIDE PLACE OF WASHINGTON OF PRESBYTERIAN SENIORCARE

License #: 45099

License Expiration: 02/24/2026

Address: 954 REDSTONE ROAD, WASHINGTON, PA 15301

County: WASHINGTON

Region: WESTERN

## Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

## Legal Entity

Name: PRESBYTERIAN SENIORCARE

Address: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

## Certificate(s) of Occupancy

Type: I-2

Date: 12/12/2019

Issued By: South Strabane Township

## Staffing Hours

Resident Support Staff: 34

Total Daily Staff: 102

Waking Staff: 77

## Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal

Exit Conference Date: 12/16/2024

## Inspection Dates and Department Representative

12/16/2024 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: 36

Residents Served: 34

## Special Care Unit

In Home: Yes

Area: Entire Home

Capacity: 36

Residents Served: 34

## Hospice

Current Residents: 8

## Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 34

Diagnosed with Mental Illness: 2

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 34

Have Physical Disability: 0

## Inspections / Reviews

12/16/2024 Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 01/13/2025

01/13/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/16/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 01/18/2025

Inspections / Reviews *(continued)*

01/17/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/16/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

25a Resident - residence contract

1. Requirements

2800.

25.a. Prior to admission, or within 24 hours after admission, a written resident-residence contract between the resident and the residence must be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

Resident [redacted] was admitted to the home [redacted]. However, there is no written contract in place.

Plan of Correction

Accept [redacted] - 01/13/2025)

Upon notification of the deficient practice related to Resident [redacted] residence contract, the Administrator searched community records to attempt to locate the missing contract. After being unable to locate the signed version of the contract, Resident [redacted] contract was completed again, including review and explanation of its contents with the resident and the resident's designated person. In order to assess compliance throughout the house with this regulation, a whole-house audit was completed on 01/06/2025.

To prevent recurrence, the Sales Advisor was educated on the components of 2800.25 on 12/17/2024, by the Administrator. In addition, resident contract agreements will be loaded into a shared drive upon completion. The Administrator will complete monthly audits x 6 to ensure appropriate completed documentation is on file for new admissions. To monitor ongoing compliance, the Administrator will complete ongoing reviews after 24 hours post admission to ensure documents have been appropriately uploaded. In addition, the details of this deficiency including education, audits, etc. will be presented to the QAPI team on 01/22/2025 for further recommendations or suggestions regarding continued compliance.

Licensee's Proposed Overall Completion Date: 01/10/2025

Implemented [redacted] - 01/17/2025)

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 [redacted] contract is not signed by the resident.

Plan of Correction

Accept [redacted] - 01/13/2025)

Upon notification of the deficient practice related to Resident [redacted] residence contract, the contract was presented to Resident [redacted] for signature, correcting the current deficiency.

In order to assess compliance throughout the house with this regulation, a whole-house audit was completed on 12/17/2024. To prevent recurrence, the Sales Advisor was educated on the components of 2800.25 on 12/17/2024 by the Administrator. In addition, resident contract agreements will be loaded into a shared drive upon completion. The Administrator will complete monthly audits x 6 to ensure appropriate completed documentation is on file and capture the required regulatory components.

To monitor ongoing compliance, the Administrator will complete ongoing reviews after 24 hours post admission to ensure documents have been appropriately completed and uploaded. In addition, the details of this deficiency including education, results of audits, etc. will be presented to the QAPI team on 01/22/2025 for further

**25b Contract signatures and renewal (continued)**

recommendations or suggestions regarding continued compliance.

Licensee's Proposed Overall Completion Date: 01/10/2025

Implemented (█) - 01/17/2025)

**65i Training topics****3. Requirements**

2800.

65.i. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
5. Assisted living service needs of the resident.

**Description of Violation**

*Direct care staff person A did not receive annual training in the following required topics; medication self-administration training, instruction on meeting the needs of the resident as described in the assessment tool, medical evaluation and the support plan and assisted living service needs of the resident, during the 2023 training year.*

**Plan of Correction**

Accept (█) - 01/13/2025)

*Direct Care Staff Person A did receive medication self-administration training, instruction on meeting the needs of the resident as described in the assessment tool, medical evaluation and the support plan and assisted living service needs of the resident, during the 2024 training year, making Direct Care Staff Person A current with annual training requirements.*

*In order to assess community compliance currently with this regulation, a whole-house audit was completed on 12/18/2024*

*To prevent recurrence, Direct Care Staff Persons, as well as Ancillary Staff Persons were educated by the Administrator on the components of 2600.65. on 12/18/2024*

*To prevent recurrence, on (insert date), staff persons will be presented with the 2025 calendar year training plan, broken down into quarterly segments to help guide team members toward completion. An audit of whole-house compliance will be completed quarterly and staff persons not on track for completion will be directly scheduled by Administration for their required trainings.*

*To monitor ongoing compliance, results of the audits will be brought to the quarterly QAPI meetings beginning 01/22/2024 for further recommendations or suggestions regarding continued compliance.*

Licensee's Proposed Overall Completion Date: 01/10/2025

Implemented (█) - 01/17/2025)

**65j Annual training content****4. 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:

3. Resident rights.

65j Annual training content (continued)

4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.708).

Description of Violation

Staff person A did not receive training in resident rights and The Older Adult Protective Services Act during the 2023 training year.

Plan of Correction

Accept [redacted] - 01/13/2025)

Staff person A did receive training in resident rights and The Older Adult Protective Services Act during the 2024 training year, making Direct Care Staff Person A current with annual training requirements. (See Attached) In order to assess community compliance currently with this regulation, a whole-house audit was completed on 12/18/2024.

To prevent recurrence, Direct Care Staff Persons, as well as Ancillary Staff Persons were educated by the Administrator on the components of 2600.65. on 12/18/2024.

To prevent recurrence, on 01/06/2025 staff persons will be presented with the 2025 calendar year training plan, broken down into quarterly segments to help guide team members toward completion. An audit of whole-house compliance will be completed quarterly and staff persons not on track for completion will be directly scheduled by Administration for their required trainings.

To monitor ongoing compliance, results of the audits will be brought to the quarterly QAPI meetings beginning 01/22/2025 for further recommendations or suggestions regarding continued compliance.

Licensee's Proposed Overall Completion Date: 01/10/2025

Implemented [redacted] - 01/17/2025)

132e Fire drill - sleeping hours

5. Requirements

2800.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last fire drill conducted during sleeping hours was on [redacted] at 4:07 a.m. The previous sleeping hour's fire drill was conducted on [redacted] at 4:38 a.m.

Plan of Correction

Accept [redacted] - 01/13/2025)

Upon notification of the deficiency, the Administrator met with Maintenance to review the plan for 2025 Fire Drills and ensured the plan meets the requirements of 2600.132 (see attached Fire Drill proposed schedule). Only the Administrator and Maintenance team member have access to the schedule for Fire Drills, ensuring the integrity of the regulation is maintained regarding unannounced drills.

To prevent recurrence, Direct Care Staff Persons, as well as Ancillary Staff Persons were educated by the Administrator on the components of 2600.132. on 12/19/2024.

To prevent recurrence, the Campus Building Services Director will review the community's fire drills on a quarterly basis to ensure a drill within sleeping hours has occurred within 6 months or less of one another.

To monitor ongoing compliance, Fire Drill logs will be added to the agenda for quarterly QAPI meetings, and reviewed at that time to cross-reference compliance with the components of 2800. 132 effective 1/22/2025

Licensee's Proposed Overall Completion Date: 01/10/2025

Implemented [redacted] - 01/17/2025)

## 185a Storage procedures

## 6. 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 [REDACTED] is prescribed [REDACTED], give 1 tablet by mouth every 24 hours as needed for edema. On [REDACTED], this medication was not available in the residence.

## Plan of Correction

Accept [REDACTED] - 01/13/2025)

In response to the notification of this violation, the RSC audited the medication cart to ensure that all of Resident [REDACTED] medications were available in the residence.

In order to assess community compliance currently with this regulation, the Resident Services Coordinator completed a whole-house audit of resident orders, ensuring that all medications currently ordered are available to the resident on (see attachment).

Beginning 01/06/2025 random audits of 3 residents will be completed weekly x 4, followed by monthly x 3 to ensure all medications ordered are present in-house and available to the resident(s). Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Results/findings of the audits will be brought to the home's QAPI meetings for discussion, review, and suggestions.

The home's next QAPI meeting is scheduled for 01/22/2025.

Licensee's Proposed Overall Completion Date: 01/10/2025

Implemented [REDACTED] - 01/17/2025)

## 191 Resident right to refuse

## 7. Requirements

2800.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

## Description of Violation

Resident [REDACTED] admitted [REDACTED], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

## Plan of Correction

Accept [REDACTED] - 01/13/2025)

In response to the violation on [REDACTED], the misplaced residence contract was redone and reviewed with Resident [REDACTED] and their designee. Attachment D providing the resident with Notice of Complaint Procedures and complete listing of Resident Rights was reviewed with Resident [REDACTED] on [REDACTED].

In order to assess compliance throughout the house with this regulation, a whole-house audit was completed on 12/17/2024 (see attached audit tool -)

To prevent recurrence, the Sales Advisor was educated on the components of 2800.191 on 12/17/2024 by the Administrator. In addition, resident contract agreements will be loaded into a shared drive upon completion. The Administrator will complete monthly audits x 6 to ensure appropriate completed documentation is on file for new admissions.

To monitor ongoing compliance, the Administrator will complete ongoing reviews after 24 hours post admission to ensure documents have been appropriately uploaded and contain the components required by regulation. In addition, the details of this deficiency including education, audits, etc. will be presented to the QAPI team on

**191 Resident right to refuse (continued)**

01/22/2025 for further recommendations or suggestions regarding continued compliance.

Licensee's Proposed Overall Completion Date: 01/10/2025

Implemented [REDACTED] - 01/17/2025)

**233c Key-locking devices****8. 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**

The directions for operating the residence's locking mechanism are not conspicuously posted in the following areas in the special care unit.

Lower-level countryside emergency exit door.

Lower-level springhouse emergency exit door.

Upper-level emergency exit door leading to courtyard.

Upper-level fairgrounds emergency exit door.

**Plan of Correction**

Accept [REDACTED] - 01/13/2025)

In response to the violation on [REDACTED], the directions for operating the residence's locking mechanism were adjusted to provide a more conspicuous visual. Larger font has been utilized for posting directions. Updates were made whole-house to ensure compliance throughout.

To prevent recurrence, the Administrator will ensure that conspicuous posting will remain in place by auditing monthly x 3.

Results/findings of the audits will be brought to the home's QAPI meetings for discussion, review, and suggestions.

The home's next QAPI meeting is scheduled for 01/22/2025.

Licensee's Proposed Overall Completion Date: 01/10/2025

Implemented [REDACTED] - 01/17/2025)