

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

February 13, 2025

[REDACTED]
WASHINGTON OPS LLC
[REDACTED]

RE: HAWTHORNE WOODS AL
791 LOCUST AVENUE
WASHINGTON, PA, 15301
LICENSE/COC#: 45409

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/27/2024 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: 10/31/2025
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]		
Phone: [REDACTED]	Email: [REDACTED]	

Certificate(s) of Occupancy		
Type: C-2 LP	Date: 12/05/1995	Issued By: L & I

Staffing Hours		
Resident Support Staff:	Total Daily Staff: 60	Waking Staff: 45

Inspection Information		
Type: Partial	Notice: Unannounced	BHA Docket #:
Reason: Complaint, Incident		Exit Conference Date: 12/27/2024

Inspection Dates and Department Representative	
12/27/2024 - On-Site: [REDACTED]	

Resident Demographic Data as of Inspection Dates			
General Information			
License Capacity: 81		Residents Served: 49	
Special Care Unit			
In Home: No	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: 9			
Number of Residents Who:			
Receive Supplemental Security Income: 0		Are 60 Years of Age or Older: 49	
Diagnosed with Mental Illness: 2		Diagnosed with Intellectual Disability: 0	
Have Mobility Need: 11		Have Physical Disability: 2	

Inspections / Reviews		
12/27/2024 Partial		
Lead Inspector: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 01/20/2025
01/29/2025 - POC Submission		
Submitted By: [REDACTED]	Date Submitted: 02/12/2025	
Reviewer: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 02/04/2025

Inspections / Reviews *(continued)*

02/05/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/12/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/11/2025

02/13/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/12/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c Incident reporting

1. Requirements

2800.

16.c. The residence shall report the incident or condition to the Department's assisted living residence office or the assisted living residence complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2800.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] at approximately 5:00 pm, resident [redacted] reported to staff person A that a caregiver was rough while assisting the resident to bed the previous evening. Resident [redacted] indicated that the caregiver: tossed the resident around, lifted the resident from under the armpits, put hand over the resident's mouth and used foul language. The residence did not report this incident to the Department until [redacted]

Plan of Correction

Accept ([redacted] - 02/05/2025)

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.

Going forward the Executive Director will immediately report to the licensing department and not just Protective Services. Statements will be sent to the agencies once they are received.

An initial audit was completed for incident reports by 1/17/25.

The Executive Director or Designee will audit for any incidents that are reportable weekly for 4 weeks and then monthly for 2 months to verify compliance.

Staff was educated during Town Hall on January 29, 2025, on incident reporting, including incidents that need to be reported and our residence's internal policies and procedures on reporting. The Executive Director will send the reports and will also ensure that they are reported timely.

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented ([redacted] - 02/13/2025)

42c Dignity/Respect

2. Requirements

2800.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [redacted] On [redacted] at approximately 5:00 pm, resident [redacted] reported to staff person A that a caregiver was rough while putting the resident to bed the previous evening. Resident # [redacted] indicated that the caregiver: tossed the

42c Dignity/Respect (continued)

resident around, lifted the resident from under the armpits, and used foul language. It was determined, from the schedule, that it was caregiver B.

Caregiver B was immediately suspended and ultimately terminated from employment.

Plan of Correction

Accept [redacted] 02/05/2025)

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 Executive Director and Health and Wellness Director provided training on 1/29/2025 to all Team Members on Resident Rights. There will be an emphasis on treating residents with dignity and respect.

Care Team Manager or Designee will check and verify that each caregiver is assisting residents with mobility needs in a proficient and respectful manner.

Care Team Manager or Designee will supervisor care of 5 residents per week for 4 weeks and then monthly for 2 months.

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented [redacted] 02/13/2025)

141a Medical evaluation

3. Requirements

2800.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

- 6. Immunization history.
- 8. Body positioning and movement stimulation for residents, if appropriate.
- 9. Health status.

Description of Violation

The medical evaluation for resident [redacted] dated [redacted] does not include information on the resident's overall health status, body positioning/movement stimulation, if immunizations are current and head injury/trauma. These areas of the form are blank.

Plan of Correction

Accept [redacted] - 02/05/2025)

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

141a Medical evaluation (continued)

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.

Upon receiving an ADME the Health and Wellness Director will ensure the ADME is completed in its entirety for all residents when received.

An initial audit will be completed by 1/31/25. The Health and Wellness Director will review all ADME's monthly for 3 months to ensure compliance

The Medical Evaluation for Resident #2 was updated by Primary Care Physician on January 21, 2025.

Licensee's Proposed Overall Completion Date: 01/30/2025

Implemented [redacted] - 02/13/2025)

225b Assessment content

4. Requirements

2800.

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

- 4. The resident's medical history, medical conditions, and current medical status and how these impact or interact with the individual's service needs.

Description of Violation

The assessment for resident [redacted], dated [redacted] does not include the resident's diagnoses of [redacted], [redacted] and [redacted], as indicated on the resident's medical evaluation, dated [redacted]

The assessment for resident [redacted], dated [redacted], does not include the resident's diagnoses of [redacted], [redacted] and [redacted] as indicated on the resident's medical evaluation, dated 8/27/2024.

Plan of Correction

Accept [redacted] - 02/05/2025)

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 Assessments for Residents [redacted] and [redacted] were updated by The Health and Wellness Director on December 30, 2024.

225b Assessment content (continued)

The Health and Wellness Director or Designee will perform an audit on all ADME medication lists and Service Plan diagnosis to verify accuracy.

Upon receiving ADME's the Health and Wellness Director or Designee will verify ADME medication lists are incorporated to the service plan.

An initial audit will be completed by 2/28/25. The Health and Wellness Director or Designee will audit monthly for 2 months.

Licensee's Proposed Overall Completion Date: 04/30/2025

Implemented [redacted] - 02/13/2025)

227h Support plan – refusal sign

5. Requirements

2800.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

The support plan for resident [redacted] dated [redacted], is not signed by the resident, nor is there a notation of the resident's inability or refusal to sign the plan.

The support plan for resident [redacted] dated [redacted] is not signed by the resident, nor is there a notation of the resident's inability or refusal to sign the plan.

Plan of Correction

Accept [redacted] - 02/05/2025)

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.

Support Plans reviewed and updated with signatures for Residents [redacted] and [redacted]. The Care Team Manager completed these on January 21, 2025. Health and Wellness Director, Executive Director and Care Team Manager completed an immediate audit ensuring Support Plan signature compliance.

Health and Wellness Director, Executive Director and Care Team Manager will verify signatures are documented when reviewing care plans.

An initial audit will be completed by 1/31/25. The Health and Wellness Director, Executive Director and Care Team Manager will audit monthly for 2 months to ensure compliance is being met.

227h Support plan – refusal sign (*continued*)

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented (█ - 02/13/2025)