

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

March 4, 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 02/19/2025 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: 35 **Total Daily Staff:** 105 **Waking Staff:** 79

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 02/19/2025

Inspection Dates and Department Representative

02/19/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 36 **Residents Served:** 35

Special Care Unit

In Home: Yes **Area:** Entire Home **Capacity:** 36 **Residents Served:** 35

Hospice

Current Residents: 8

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 35
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 35 **Have Physical Disability:** 0

Inspections / Reviews

02/19/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/07/2025

02/27/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 03/03/2025
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 03/03/2025

Inspections / Reviews *(continued)*

03/04/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/03/2025

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] protective services presented at the home to investigate an allegation of neglect of care needs involving resident [REDACTED]. The home did not submit an incident report to the Department.

Plan of Correction

Accepted [REDACTED] - 02/27/2025)

In compliance with 2800.16, The administrator or designee will notify the Department's assisted living residence office or the assisted living residence complaint hotline within 24 hours of any visit from protective services regardless of the outcome of the visit. The Administrator and Resident Services coordinator have reviewed the applicable regulation.

Licensee's Proposed Overall Completion Date: 02/25/2025

Implemented [REDACTED] 03/04/2025)