

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

September 18, 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 07/31/2025 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: *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

Staffing Hours

Resident Support Staff: Total Daily Staff: *63* Waking Staff: *47*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Monitoring* Exit Conference Date: *07/31/2025*

Inspection Dates and Department Representative

07/31/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *81* Residents Served: *48*

Special Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *6*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *48*
 Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *15* Have Physical Disability: *1*

Inspections / Reviews

07/31/2025 Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/22/2025*

08/20/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *09/17/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/26/2025*

Inspections / Reviews *(continued)*

08/27/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/17/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/19/2025

09/18/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/17/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

18 Other laws, regs, ordins.

1. Requirements

2800.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standards Act, enacted on [REDACTED], requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance. In addition, The Care Facility Carbon Monoxide Alarms Standards Act requires the date of battery installation to be present on the battery of all battery-operated carbon monoxide detectors.

At approximately 10:30am, no carbon monoxide detector was present in close proximity of the residence's gas oven/rage, located in the kitchen.

At approximately 10:35am, the battery-operated carbon monoxide detector located outside of living unit [REDACTED] did not include the date of battery installation.

Plan of Correction

Accept [REDACTED] - 08/27/2025)

1. On 7/31/2025, Environmental Services Manager immediately replaced CO2 Detector and labeled batteries with full date, that was missing from outside of kitchen area due to community construction and removal of the old CO2 Detector.
2. On 8/1/2025 Executive Director in-serviced Environmental Services Manager and all department heads on 2800.18.
3. On 8/1/2025 the Executive Director purchased all new CO2 Detectors and Environmental Services Manager installed and labeled batteries in all CO2 Detectors in community.
4. On 8/1/2025 Executive Director audited all CO2 Detectors and noted proper installation and labeled batteries.
5. Environmental Services Manager to audit CO2 Detectors monthly x 12 months and will add monthly task to our TELS Electronic Preventative Maintenance Program and then annually thereafter.
6. With new construction project of entire community, there will be Smoke Detectors and CO2 Detectors hard wired into the system that do not require batteries and will be audited additionally by Johnson Controls annually and Environmental Services Manager.
7. Audits will be reviewed at monthly QAIP meetings with the next meeting scheduled on 9/4/2025.
8. All documentation shall be maintained.

Licensee's Proposed Overall Completion Date: 09/04/2025

Implemented [REDACTED] - 09/18/2025)

183b Medications and syringes locked

2. Requirements

2800.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's living unit.

Description of Violation

At approximately 10:00am, the following medications were present on the night stand in resident [REDACTED] living unit. According to resident [REDACTED] most recent medical evaluation, dated [REDACTED] resident [REDACTED] is unable to self-administer medications:

183b Medications and syringes locked (continued)

- A bottle of [REDACTED]
- A bottle of [REDACTED]

At approximately 10:15am, a tube of [REDACTED] was present in the bathroom of resident [REDACTED] living unit. According to resident [REDACTED] most recent medical evaluation, dated [REDACTED] resident [REDACTED] is unable to self administer medications.

Plan of Correction

Accept [REDACTED] - 08/27/2025)

1. On 7/31/2025 the medication was immediately removed from Resident [REDACTED] & Resident [REDACTED] s rooms by Care Team Manager with the resident's permission.
2. On 8/1/2025 Executive Director in serviced Health and Wellness Director, Care Team Manager, all department heads, direct care staff and housekeeping staff on 2800 138b and who to report if there are medications resident's apartments.
3. On 8/1/2025 Health and Wellness Director and Care Team Manager did initial audit of all residents' apartments and removed all noted medications from resident's apartment with the resident's permission.
4. On 8/4/2025 Executive Director sent email correspondence to all residents' Legal Representatives regarding regulation 2800 183b and rationale as to why medications cannot be kept in resident's apartments.
5. On 8/4/2025 Executive Director delivered Notice of Violation of Residence Rules to Resident [REDACTED] and Resident [REDACTED] in regard to regulation 2800 183b.
6. Starting on 8/8/2025, Health and Wellness Director, Executive Director, or designee to complete audits of all resident's apartments weekly along with the regular weekly Medication Cart Audits.
7. Audits will be reviewed at monthly QAIP meetings with the next meeting scheduled on 9/4/2025.
8. All documentation shall be maintained.

Licensee's Proposed Overall Completion Date: 09/04/2025

Implemented [REDACTED] - 09/18/2025)

225b Assessment content**3. Requirements**

2800.

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

1. The resident's need for assistance with ADLs and IADLs.
2. The mobility needs of the resident.
3. The ability of the resident to self-administer medication.
4. The resident's medical history, medical conditions, and current medical status and how these impact or interact with the individual's service needs.
5. The resident's need for supplemental health care services.
6. The resident's need for special diet or meal requirements.

Description of Violation

The residence is currently utilizing their own assessment tool. Resident [REDACTED] s assessment, dated [REDACTED], does not include resident [REDACTED] s need for assistance in numerous areas, to include the following:

- A medication self administration assessment
- A mobility needs assessment
- Short term memory
- Long term memory

225b Assessment content (continued)

- Agitation
- Aggression
- Hallucinations
- Orientation to time, place and person
- Dietary needs

Plan of Correction

Accept [REDACTED] 08/27/2025)

1. On 8/14/2025, Executive Director In-Serviced Health and Wellness Director on 2800 225b and the assessment content requirements.
2. On 08/18/2025 Health and Wellness Director completed new AL DME and new Assessment/Service Plan for Resident #3 and made personalization's to Residence's current assessment tool to include all required assessment content.
3. Health and Wellness Director to ensure that when completing resident's initial, annual or change in condition Service Plan, that all assessment content is included per 2800 225b.
4. Health and Wellness Director or designee to revise all resident's Service Plans to include all required assessment content per 2800 225b with proposed completion date of 9/19/2025 starting on 8/20/2025.
5. Executive Director to review all Service Plan's after completion from Health and Wellness Director to ensure that all assessment content is included per 2800 225b starting on 8/14/2024.
6. Executive Director to audit any new admission's Service Plans for 3 months to ensure compliance with new service plan process in accordance with 224a2 and 225b starting 8/14/2025.
7. Health and Wellness Director to complete quarterly Service Plan reviews for all resident's, as noted in New Perspective's policy and procedures in Point Click Care and will verify all content is included per 2800 225b starting 8/14/2025.
8. Audits will be reviewed at monthly QAIP meetings, with the next meeting scheduled on 9/4/2025.
9. All documentation will be maintained.

Licensee's Proposed Overall Completion Date: 09/19/2025

Implemented [REDACTED] - 09/18/2025)

227d Support plan – med/dental

4. Requirements

2800.

227.d. Each residence shall document in the resident's final support plan the dietary, medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a residence to pay for the cost of these medical and behavioral care services. The final support plan must document the assisted living services and supplemental health care services, if applicable, that will be provided to the resident.

Description of Violation

Numerous diagnoses are indicated on resident [REDACTED] assessment, dated [REDACTED] to include [REDACTED], and [REDACTED]; however, resident [REDACTED] support plan, dated [REDACTED] does not include a description or plan to meet the needs of any of the indicated diagnoses.

REPEAT VIOLATION: [REDACTED], et. al.

227d Support plan – med/dental (continued)

Plan of Correction

Accept [REDACTED] 08/27/2025)

1. On 8/14/2025, Executive Director In Serviced Health and Wellness Director on 2800 227d and the support plan content requirements.
2. On 08/18/2025 Health and Wellness Director completed new AL DME and new Assessment/Service Plan for Resident [REDACTED] and made personalization's to Residence's current assessment tool to include the description of the diagnosis, plan to meet need, frequency and who is responsible.
3. Health and Wellness Director to ensure that when completing resident's initial, annual or change in condition Service Plan, that all support content is included per 2800 227d starting 8/14/2025.
4. Health and Wellness Director or designee to revise all resident's Service Plans to include all required assessment content per 2800 227d with proposed completion date of 9/19/2025 starting on 8/20/2025.
5. Executive Director to review all Service Plan's after completion from Health and Wellness Director on day of completion of Service Plan to ensure that all service plan content is included starting on 8/14/2025.
6. Executive Director to audit any new admission's Service Plans on day of completion of Service Plan for 3 months to ensure compliance with new service plan process in accordance with 224a2 and 227d starting on 8/14/2025.
7. Health and Wellness Director to complete quarterly Service Plan reviews for all resident's Service Plans, as noted in New Perspective's policy and procedures in Point Click Care and will ensure all content is included per 2800 227d starting on 8/14/2025.
8. Audits will be reviewed at monthly QAIP meetings, with the next meeting scheduled on 9/4/2025.
9. All documentation will be maintained.

Proposed Overall Completion Date: 09/19/2025

Licensee's Proposed Overall Completion Date: 09/19/2025

Implemented [REDACTED] - 09/18/2025)