

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to JEWISH ASSOCIATION ON AGING
LEGAL ENTITY

To operate HARRY & JEANNETTE WEINBERG TERRACE
NAME OF FACILITY OR AGENCY

Located at 5757 BARTLETT STREET, PITTSBURGH, PA 15217
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 115
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P. L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from November 26, 2012 until November 26, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 429810

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

NOV 21 2012

Ms. Deborah Winn-Horvitz, CEO
Jewish Association on Aging
Harry & Jeannette Weinberg Terrace
5757 Bartlett Street
Pittsburgh, Pennsylvania 15217

Dear Ms. Winn-Horvitz:

As a result of the Department of Public Welfare's (Department) licensing inspection on September 18, 2012 and September 19, 2012 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Human Services Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

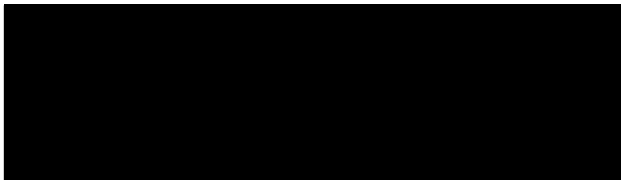

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky'.

Ronald Melusky
Director

Enclosures
License
Violation Report

VIOLATION REPORT RECEIVED
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

PCH Name: HARRY & JEANNETTE WEINBERG TERRACE		License Number: 429810
Address: 5757 BARTLETT STREET, PITTSBURGH, PA 15217		County: Allegheny
Administrator: Rena Becker	Western Field Office Adult Residential Licensing	Region: WEST
Legal Entity Name: JEWISH ASSOCIATION ON AGING		
Legal Entity Address: 5757 BARTLETT STREET, PITTSBURGH, PA 15217		
Certificate(s) of Occupancy Other 05/09/1997 Labor & Industry		
Staffing Hours Resident Support: N/A Total Daily Staff: 72 Waking Staff: 54		
Type of Inspection: Ind - Full BHA Docket Number: N/A Notice: Unannounced		
Reason(s) for inspection(s) Renewal, Indicator		
On-Site Inspections Dates and Department Representatives On-Site 09/18/2012: Mazza, Larry; Flinner-Alman, Lisa 09/19/2012: <i>Flinner-Alman, Lisa</i>		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: 132d; 224a Random Indicators: 28e; 41b; 183b; 222; 254c		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 115 Number of Residents Served: 61 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 	

Violation Report: 42981 - 09/18/2012 - Mazza, Larry
PCH Name: HARRY & JEANNETTE WEINBERG TERRACE

11 2 2012

1. REGULATION 55 Pa.Code §2600

2600.25(b) - 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.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

Resident #3's contract, dated 7/22/12, is not signed by the resident.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

2600.25(b)

Resident #3's contract was signed only by [redacted] Power of Attorney and not by the resident [redacted]. An amended signature page now contains both the resident and power of attorney's signature and has been attached to the lease.

The Executive Director and/or designee will make sure all future leases will have the signature of the resident and, if the resident desires, the signature of the resident's power of attorney and/or responsible party. The Business Manager and/or designee will complete an audit of all current leases to ensure they are signed by the resident and responsible party (if so noted). Any incomplete signature pages will be re-signed by all appropriate parties and attached to the lease as an amendment. The audit and any amendments to leases will be completed by November 1, 2012.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Rena P. Becker

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

RENA P. BECKER, EXECUTIVE DIRECTOR

Date 10/11/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

11/1/12
(Date)

Plan of correction implementation status as of

11/1/12
(Date)

The above plan of correction was approved by

MS
(Initials)

- Fully Implemented MS
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42981 - 09/18/2012 - Mazza, Larry
PCH Name: HARRY & JEANNETTE WEINBERG TERRACE

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

On 9/18/12, there was a quart of Betco disinfectant, with a manufacture's label indicating, "If swallowed, contact a poison control center or doctor immediately for treatment advice," unlocked and accessible to residents in the 2nd floor wellness room. Not all residents in the home have been assessed capable of recognizing and using poisons safely.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

According to Regulation 55 Pa. Code 2600.82 (c), poisonous materials must be kept locked and inaccessible to residents other than those who can safely use or avoid poisonous materials. On 9/18/12 a quart of Betco disinfectant was found in an unlocked cabinet in our 2nd floor wellness center.

Plan of Correction (POC)

The bottle was immediately removed from the cabinet by our Director of Environmental Services and put in a locked janitorial room at the time of the finding. An in-service will be held the week of October 8, 2012 and annually thereafter, where environmental services staff will be re-trained by Director of Environmental Services or designee, about not leaving any poisonous material in an unlocked area. Attached are the in-service sheet and agenda.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Rena P. Becker

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

RENA P. BECKER, EXECUTIVE DIRECTOR

Date *10/11/12*

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The above plan of correction is approved as of *11/1/12*
(Date)

Plan of correction implementation status as of *11/1/12*
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *ms*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *ms*
(Initials)

Violation Report: 42981 - 09/18/2012 - Mazza, Larry
 PCH Name: HARRY & JEANNETTE WEINBERG TERRACE

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

The list of emergency telephone numbers posted near the phone in the 2nd floor wellness room did not include the current personal care home complaint hotline number.

Observed 9/18/12

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

2600.91

THIS VIOLATION IS BEING APPEALED. Per regulation 2600.91, list of telephone numbers for "local emergency management and the personal care home complaint hotline shall be posted on or by each telephone with an outside line." The phone in the 2nd floor wellness room is not an outside line. It is for internal calls only and an outside line is not accessible via that phone.

All other phones within the facility with access to outside lines do have the list of emergency numbers, including the current personal care home complaint hotline number.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *Rena P. Becker*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *RENA P. BECKER, EXECUTIVE DIRECTOR* Date *10/11/12*

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Violation Report: 42981 - 09/18/2012 - Mazza, Larry
PCH Name: HARRY & JEANNETTE WEINBERG TERRACE

1. REGULATION 55 Pa.Code §2600
2600.103(i) - Outdated or spoiled food or dented cans may not be used.
Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION
On 9/18/12, there was an uncovered, undated and unlabeled mug containing a clear, frozen liquid in the Weinberg Club freezer.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

2600.103(i)
The uncovered, undated and unlabeled mug of ice was disposed of immediately. The Activities Director and/or designee will inspect the refrigerator and freezer in the Weinberg Club on a daily basis to ensure all contents are covered, dated and labeled. The Activities Director and/or designee will document the refrigerator/freezer checks on a log and submit the completed log to the Executive Director on a monthly basis. The violation was corrected immediately and the ongoing audits will start on October 10, 2012.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Rena P. Becker*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *RENA P. BECKER, EXECUTIVE DIRECTOR* Date *10/11/12*

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The above plan of correction is approved as of 11/1/12 (Date)
The above plan of correction was approved by ms (Initials)

Plan of correction implementation status as of 11/1/12 (Date)

Fully Implemented *ms*
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 42981 - 09/18/2012 - Mazza, Larry
PCH Name: HARRY & JEANNETTE WEINBERG TERRACE

1. REGULATION 55 Pa.Code §2600

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept. Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

On 9/18/12, the emergency procedures for the City of Pittsburgh were not posted in a conspicuous and public place in the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

2600.123(b)

The emergency procedures for the City of Pittsburgh were kept in the primary Emergency Preparedness Guide kept at the Front Desk, but were not located in the secondary Emergency Preparedness Guide located by the Weinberg Club. A copy of the emergency procedures for the City of Pittsburgh were immediately copied and placed in the second guide prior to DPW's exit on 9/18/12.

The Executive Director and/or Designee will check on a monthly basis that all Emergency Preparedness Guides are complete and information included is kept up to date. Any updates or changes that are required will be completed immediately.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Rena P. Becker*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *RENA P. BECKER, EXECUTIVE DIRECTOR* Date *10/11/12*

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Violation Report: 42981 - 09/18/2012 - Mazza, Larry
 PCH Name: HARRY & JEANNETTE WEINBERG TERRACE

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

Eight minutes is the maximum safe evacuation time determined by a fire safety expert on 5/16/12. However, the evacuation time was 13 minutes 1 second for the fire drill conducted on 4/25/12 at 11:13 PM.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

According to Regulation 55 PA. Code 2600.132(d) Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within a period of time specified also in writing by the fire safety expert. According to the fire safety expert that Weinberg Terrace contracted on May 16, 2012, our maximum safe evacuation time is eight minutes. During our last night time drill on April 25, 2012 at 11:13 p.m., we exceeded the maximum evacuation time and the recorded time for the drill was timed at 13 minutes and 1 second.

Plan of Correction (POC)

Because the time has passed to do another corrective fire drill during the month of April 2012, Weinberg Terrace staff has been given direction that all drills must be done in under eight minutes. If this is not accomplished during any given month, another drill will be completed until we are within the eight minute time parameter. A letter was distributed to all residents as well as their families to let them know that there are mandatory fire drills, they must evacuate to a fire-safe designated area in eight minutes and everyone must participate, there are no exceptions. The same information was put in our October 2012 newsletter. Both documents are attached for this plan of correction. The fire drill letter will be given out to all new residents moving in, outlining the expectations of the fire drill. In addition, per the instruction of our fire safety expert, we are installing fire doors on each floor of our building that will assist in minimizing the evacuation time. The construction for this project is slated for October-November 2012.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Rena P. Becker*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *RENA P. BECKER, EXECUTIVE DIRECTOR* Date *10/11/12*

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Violation Report: 42981 - 09/18/2012 - Mazza, Larry
 PCH Name: HARRY & JEANNETTE WEINBERG TERRACE

1. REGULATION 55 Pa.Code §2600

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Western Field Office
 Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

According to the following fire drill records, not all residents present in the home at the time of the fire drill evacuated to a fire-safe area:

Date	Time	# Residents Present	# Residents Evacuated
4/25/12	11:13 PM	58	57
5/16/12	11:11 AM	54	51
6/28/12	3:16 PM	51	50
7/27/12	10:43 AM	57	54

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

According to Regulation 55 Pa. Code 2600.132(h) Residents shall evacuate to a fire-safe area during each fire drill or a designated meeting place away from the building. According to our fire drill records, there were residents who did not evacuate from their apartments for the drill in April, May, June and July of 2012. Some of the residents had medical issues and other extenuating circumstances of why they did not evacuate, but they all received letters as did their families explaining there can be no exceptions.

Plan of Correction (POC)

A letter went out to all residents and family members explaining that everyone must participate in monthly fire drills and there can be no exceptions. This was also reiterated in our October 2012 newsletter. This letter will be included in all of our new resident orientation paperwork.

A fire drill was held @ 11:06pm on 10/25/12 and all residents evacuated to a designated meeting place. ms 11/1/12

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Rena P. Becker*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *RENA P. BECKER, EXECUTIVE DIRECTOR* Date *10/11/12*

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Violation Report: 42981 - 09/18/2012 - Mazza, Lamy
PCH Name: HARRY & JEANNETTE WEINBERG TERRACE

1. REGULATION 55 Pa.Code §2600

2600.183(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 room.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

On 9/18/12, the following medications were found unlocked and accessible on resident #5's nightstand:

- * 8 oz. Pepto Bismol
- * 12 oz. Milk of Magnesium

Resident #5's medical evaluation, dated 12/5/11, indicates the resident is unable to self administer medications.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

2600.183(b)

The Pepto-Bismol and Milk of Magnesia were removed from the resident's room and placed in the locked medication cart. The private duty caregiver and family member have been instructed not to obtain over-the-counter medications for the resident. Staff have been reminded to notify supervisors or the Director of Resident Services when any prescription, over-the-counter, or complimentary/alternative medications are found in the room of any resident who does not have a physician's order to self-medicate. See attached memo to staff dated 9/19/12.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *Rena P. Becker*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *RENA P. BECKER, EXECUTIVE DIRECTOR* Date *10/11/12*

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Violation Report: 42981 - 09/18/2012 - Mazza, Larry
PCH Name: HARRY & JEANNETTE WEINBERG TERRACE

1. REGULATION 55 Pa. Code §2600
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
 Resident #2's medication administration record does not include staff initials for the administration of the evening dose of the following medications on 9/6/12:

- *Artificial tears-1.4%-8:00 PM
- *Cosopt-9:00 PM
- *Metoprolol-25mg-(1/2 tab)-9:00 PM
- *Simvastatin-40mg-9:00 PM
- *Travatan Z-.004%-9:00 PM

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

2600.187(b)
 Staff have been reminded that information must be recorded at the time the medication is administered. See attached memo dated 9/19/12. A pharmacy medication refresher in-service was held on 10/4 and 10/5, see attached attendance sheet. Medication administration records will be audited for completion weekly for one month, then bi-weekly for one month, and then ongoing on a monthly basis. The Nursing Supervisors and Director of Resident Services will monitor this to ensure compliance and completion.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Rena P. Becker*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *RENA P. BECKER, EXECUTIVE DIRECTOR* Date *10/11/12*

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Violation Report: 42981 - 09/18/2012 - Mazza, Larry
 PCH Name: HARRY & JEANNETTE WEINBERG TERRACE

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

Western Field Office
 Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

Resident #4 is ordered "Blood pressure checks weekly on Thursdays." However, blood pressure checks were not done on 9/13/12.
 Resident #5 is ordered "Blood pressure checks weekly on Fridays." However, blood pressure checks were not done on 9/14/12.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

2600.187(d)

The recording sheets for blood pressure checks were in the back of the residents' section of the medication administration record book. The recording sheets have been moved to the front of the residents' sections to enable staff to easily see that they need to be done. Staff have been instructed that the record must indicate that the blood pressure was checked or indicate why it was not checked. Records will be audited for completion weekly for one month, then bi-weekly for one month, and then ongoing on a monthly basis. The Nursing Supervisors and Director of Resident Services will monitor this to ensure compliance and completion.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Rena P. Becker*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *RENA P. BECKER, EXECUTIVE DIRECTOR* Date *10/11/12*

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Violation Report: 42981 - 09/18/2012 - Mazza, Larry
 PCH Name: HARRY & JEANNETTE WEINBERG TERRACE

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Western Field Office
 Adult Placement Unit

2a. DESCRIPTION OF VIOLATION

Resident #3 was admitted to the home on 7/22/12; however, the preadmission screening was not completed until 6/15/12.

Resident #4 was admitted to the home on 10/2/11; however, the resident does not have a preadmission screening.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

2600.224(a)

All preadmission screenings ensuring the needs of the residents can be met by Weinberg Terrace will be completed on the DPW's Preadmission Screening forms by the Director of Resident Services and/or designee within 30 days of admission. If the resident's needs can be met and the admission does occur, the Director of Resident Services and/or designee will ensure the completed Preadmission Screening form is filed in the appropriate area of the resident's chart. The Executive Director and/or designee will monitor this on a per-admission basis. A full audit of prescreening forms on all charts will be completed by November 1, 2012.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/07/2011		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Rena P. Becker*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *RENA P. BECKER, EXECUTIVE DIRECTOR* Date *10/11/12*

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 (Date)

The above plan of correction was approved by MS
 (Initials)

Plan of correction implementation status as of 11/1/12
 (Date)

- Fully Implemented MS
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42981 - 09/18/2012 - Mazza, Larry
 PCH Name: HARRY & JEANNETTE WEINBERG TERRACE

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #3's assessment, dated 8/1/12, does not include diagnoses of pernicious anemia and hypothyroidism as indicated on the resident's medical evaluation, dated 7/5/12.

Resident #4's assessment, dated 10/6/11, does not include a vitamin D deficiency or the resident's need for 3 liters of continuous oxygen as indicated on the resident's medical evaluation, dated 10/25/11.

Resident #5's assessment, dated 12/21/11, does not include a diagnosis of hypertriglycerides or that the resident has an imbalance and essential tremors as indicated on the resident's medical evaluation, dated 12/5/11.

Resident #6's assessment, dated 1/11/12, does not include diagnoses of renal insufficiency, peripheral neuropathy or mood disorder as indicated on the resident's medical evaluation, dated 1/9/12.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

2600.225(a)

Resident #3's assessment has been updated to include diagnoses of pernicious anemia and hypothyroidism as indicated on the resident's medical evaluation, dated 7/5/12. Resident #4's assessment has been updated to include a vitamin deficiency and the resident's need for 3 liters of continuous oxygen as indicated on the resident's medical evaluation, dated 10/25/11. Resident #5's assessment has been updated to include a diagnoses of hyper triglycerides, an imbalance, and essential tremors as indicated on the resident's medical evaluation, dated 12/5/11. Resident #6's assessment has been updated to include diagnoses of renal insufficiency, peripheral neuropathy and mood disorder as indicated on the resident's medical evaluation, dated 1/9/12. The Resident Advocate, Nursing Supervisors or Director of Resident Services will review resident assessments to ensure that all medical needs identified on medical evaluations are addressed in the resident assessments on an ongoing basis.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *Rena P. Becker*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *RENA P. BECKER, EXECUTIVE DIRECTOR* Date *10/11/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>11/1/12</u> (Date)	Plan of correction implementation status as of <u>11/1/12</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented MS <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42981 - 09/18/2012 - Mazza, Larry
PCH Name: HARRY & JEANNETTE WEINBERG TERRACE

1. REGULATION 55 Pa.Code §2600

2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

Resident #3's support plan, dated 8/1/12, indicates the resident participated in the development of the support plan; however, the resident did not sign the support plan.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

According to Regulation 55 Pa. Code 2600.227(g) Individuals who participate in the development of the support plan shall sign and date the support plan. Resident #3 was at the support plan conference but did not sign [redacted] support plan, [redacted] son signed for his [redacted]

Plan of Correction (POC)

On the day of the inspection, we corrected the care plan and had the resident sign [redacted] care support plan. Our new procedure will include step by step instructions relegating our Resident Advocate or designee, who coordinates the support plan meetings to pass around the support plan before we adjourn from the meeting, to make sure all present parties sign the support plan.

Repeat Violation: Yes Date(s) of Previous Violation(s): 11/07/2011

Signature of Legal Entity Representative (Required on EVERY Page) *Rena P. Becker*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *RENA P. BECKER, EXECUTIVE DIRECTOR* Date *10/11/12*

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