



DEC 3 1 2013

Ms. Deborah Winn-Horvitz, JAA President and CEO
Jewish Association on Aging
5757 Bartlett Street
Pittsburgh, Pennsylvania 15217

RE: Harry and Jeannette Weinberg Terrace
License #: 429810

Dear Ms. Winn-Horvitz:

As a result of the Department of Public Welfare's licensing inspection on September 18, 2013 and September 19, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period November 26, 2013 to November 26, 2014 was issued on August 9, 2013. Your regular license remains in good standing.

Sincerely,



Matthew J. Jones
Acting Director

Enclosure
License Inspection Summary

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Violation Report: 42681 - 09/18/2013 - Whitney, Diane
PCH Name: HARRY & JEANNETTE WEINBERG TERRACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.25(c)(2) - The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services

2a. DESCRIPTION OF VIOLATION

The resident-home contract specifies the resident is expected to provide their own bed linens and towels. The resident handbook indicates that there is a rental fee for furniture provided by the home. Per staff person C, the allowable resident rental charge for use of a bed and mattress, chair, bed linens and pillows, dresser or chest of drawers, and bed side table or shelf is \$100.00 per month. A charge for these items is not allowable.

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.

Regulation 55Pa. Code 2600 - 2600.25 (c)(2)

We had an admission packet that had an outdated pricing appendix which stated a charge for the respite furniture. This was listed but has never been put into effect. However, attached is the new version of the appendix with no reference for any charge for any respite items or for any items that we are required to supply according to the regulations.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *RENA BECKER, EXECUTIVE Director* Date *11/29/13*

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

The above plan of correction is approved as of 12/2/13
(Date)

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

Plan of correction implementation status as of 12/2/13
(Date)
 Fully Implemented *JM*
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 42981 - 09/18/2013 - Whitney, Diane
PCH Name: HARRY & JEANNETTE WEINBERG TERRACE

1. REGULATION 53 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Staff person A, whose first day of work was 7-1-2013, did not have a date documented for orientations in evacuation procedures, staff duties and responsibilities during fire drills, emergency evacuations and transportation, designated meeting space for fire evacuation, safe smoking procedures location and use of fire extinguishers, smoke detectors and fire alarms, and emergency telephone use.

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.

Staff Person A, attended an orientation for all JAA employees on first day and signed and dated the attached new staff orientation checklist which included a date on the required trainings along with our Assistant Director of Human Resources, When came to the Weinberg Terrace had the required trainings again and signed to that affect but did not have the date listed. Attached, is the correctly dated sheet for the training, which she corrected that day. We now have a two step process that our trainer will train the new person, our business manager will make sure it is signed and dated and the Executive Director will review it before it is filed in the employees personnel file.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) RENA BECKER, EXECUTIVE DIRECTOR Date 11/29/13

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The above plan of correction is approved as of <u>12/2/13</u> (Date)	Plan of correction implementation status as of <u>12/2/13</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>on</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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Violation Report: 42981 - 09/18/2013 - Whitney, Diane
PCH Name: HARRY & JEANNETTE WEINBERG TERRACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2800.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Staff person A, whose date of hire is 7-1-2013 and is employed full time, did not have a date documented for orientations in resident rights, emergency medical plan, abuse and neglect reporting, and reporting incident and conditions.

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.

Attached, is the correctly dated sheet for the training, which corrected the day of the survey September 19, 2013. We now have a two step process that our trainer will train the new person, our business manager will make sure it is signed and dated and the Executive Director will review it before it is filed in the employees personnel file.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *RENA BECKER EXECUTIVE DIRECTOR* Date *11/29/13*

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The above plan of correction is approved as of 12/2/13
(Date)

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

Plan of correction implementation status as of 12/2/13
(Date)

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

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Violation Report: 42981 - 09/18/2013 - Whitney, Diane
PCH Name: HARRY & JEANNETTE WEINBERG TERRACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2800
2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
(1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
(2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
(3) Resident rights.
(4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
(5) Falls and accident prevention.
(6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION
Staff person B did not receive training in resident rights, abuse and neglect reporting, and reporting reportable incidents and conditions during training year 2012.

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.

Staff Person B may have received training in resident rights, abuse and neglect reporting and reporting reportable incidents in the training year of 2012 by a social worker contracted through Jewish Family and Children's Service who remembered doing an in-service on these topics that year for Weinberg Terrace employees including Staff Person B. However, the paperwork was not uncovered and there is no paper trail to document that it was done. As the Executive Director, I came in May of 2012 and the trainings prior to me coming were dispersed and I did my best to cover the rest of the trainings. In this next training year we have had mandatory 4 hour trainings with the obligatory training subjects so that every employee will have the required training and it is all posted in the training book right after each training so that it is documented right away. The last quarter of the year is set aside for the Executive Director and the Director of Resident Services to review each employee training record and make sure all required subjects and hours are in tact.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *RENA BECKER, EXECUTIVE DIRECTOR* Date *11/29/13*

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Plan of correction implementation status as of 12/2/13
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

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Violation Report: 42981 - 09/18/2013 - Whitney, Diane
PCH Name: HARRY & JEANNETTE WEINBERG TERRACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600
2600.109(b) - Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

2a. DESCRIPTION OF VIOLATION
The rabies vaccination for cats, Eleanor and Franklin, expired 8-2013.

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.

The rabies vaccination for these pets had expired three weeks previous to the inspection. When the document was checked and the notice had expired, the resident was made aware and got the cats to the vets that day. Attached is the renewed vaccination certificate. The Executive Director and the Business Manager have a note in their tickler files/calendar to check every August to make sure that the vaccinations are up to date. If other residents move in with pets a note will be put in the tickler file on the month before the vaccinations are due and will be checked to see the date is appropriately up-to date to keep us in compliance.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) RENA BECKER, EXECUTIVE DIRECTOR Date 11/29/13

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(Date)

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

Plan of correction implementation status as of 12/2/13
(Date)

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

Violation Report: 42981 - 09/18/2013 - Whitney, Diane
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1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

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WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #1 began dialysis on 4-9-2013. The resident assessment, dated 3-18-2013, has not been updated to include this treatment.

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(c)—The resident's RASP was updated on 9/18/13 to reflect the addition of dialysis to plan of care, including the scheduling of transportation via Access and the responsibility for same. Staff have been reminded to include updates and changes on the RASP as they occur for all residents. The Director of Resident Care, LPN Supervisor and/or Resident Advocate will monitor all RASPs to ensure that all RASPs are updated with appropriate changes to the support plan.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *RENA BECKER, EXECUTIVE DIRECTOR* Date *11/29/13*

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