pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 10 2019

Ms. Deborah Winn-Horvitz
President / Chief Executive Officer
Jewish Association on Aging
5757 Bartlett Street
Pittsburgh, Pennsylvania 15217

RE: Harry & Jeannette Weinberg Terrace
Certificate #:429810

Dear Ms. Winn-Horvitz:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 16, 2018 and May 31, 2018, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: HARRY & JEANNETTE WEINBERG TERRACE	**License Number:** 42981
Address: 5757 BARTLETT STREET, PITTSBURGH, PA 15217	**County:** Allegheny
Administrator: RENA BECKER	**Region:** WEST
Legal Entity Name: JEWISH ASSOCIATION ON AGING	
Legal Entity Address: 5757 BARTLETT STREET, PITTSBURGH, PA 15217	

Certificate(s) of Occupancy

R1 & R2
05/09/1997
City of Pittsburgh

Staffing Hours

Resident Support: 0 **Total Daily Staff:** 68 **Waking Staff:** 51

Type of Inspection: Full **BHA Docket Number:** **Notice:** Unannounced

Reason(s) for Inspection(s)

Renewal, Complaint

On-Site Inspections Dates and Department Representatives On-Site

05/16/2018: Flinner-Alman, Lisa; Garrigan, Laurie
05/31/2018: Flinner-Alman, Lisa; Mulick, Cindy

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Off-Site Inspection Dates and Inspectors, if Applicable

Other Details

Partial or Full Triggers: **Random Indicators:**

Resident Demographic Data as of Inspection Dates

Licensed Capacity: 115	**Number of Residents who:**
Number of Residents Served: 57	**Receive Supplemental Security Income:** 0
Secured Dementia Care Unit in Home: No	**Are 60 Years of Age or Older:** 56
Area:	**Have Mental Illness:** 3
Secured Dementia Unit Capacity, if Applicable:	**Have an Intellectual Disability:** 0
Number of Residents Served in Secured Dementia Care Unit, if applicable:	**Have a Mobility Need:** 11
Number of Current Hospice Residents: 2	**Have a Physical Disability:** 0
Number of Hospice Residents in past year: 11	

Rena Becker
10/19/18

Violation Report: 42981 - 05/16/2018 - Flinner-Alman, Lisa
PCH Name: HARRY & JEANNETTE WEINBERG TERRACE

1. REGULATION 55 Pa.Code §2600
2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION
On 5/6/18 and 5/11/18, from 10:30 p.m. to 7:00 a.m., there were 54 residents present in the home. However, there were no staff persons present in the home who were certified in obstructed airway techniques and CPR.

On the following dates, from 10:30 p.m. to 7:00 a.m., there were between 54 to 58 residents present in the home; however, there was only one staff person present who was certified in obstructed airway techniques and CPR:

* 5/7/18
* 5/8/18
* 5/9/18
* 5/10/18
* 5/13/18
* 5/14/18
* 5/15/18

On 5/12/18, from 2:30 p.m to 8:00 p.m. and from 10:00 p.m. to 10:30 p.m., there were 54 residents present in the home; however, there was only one staff person present who was certified in obstructed airway techniques and CPR.

On 5/13/18, from 7:00 p.m. to 11:00 p.m., there were 54 residents present in the home; however, there was only one staff person present who was certified in obstructed airway techniques and CPR.

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.

POC: All staff were recertified immediately (May 17th and 21st) which was prior to the conclusion of the inspection conducted on May 16 and 31st respectively. Moving forward, CPR classes will be scheduled a minimum of every 6 months.

Of note, violations were cited indicating that there were 54 residents in the home but only one staff person certified in obstructed airway techniques and CPR on 5/12/18 2:30 to 8 PM and from 10:00-10:30 PM. This is inaccurate according to the schedule (Attachment #) as the RN Director (ATLS Certified) was present and in Charge 2-4P, there was a BCLS certified LPN on duty 3PM – 730AM as well as another Supervising LPN on duty 8pm- 10pm. On the following date, 5/13/18, The RN Director was present and in charge 2PM-7PM and a casual RN was on duty and in charge 7P-11P as well as an agency aid also trained in CPR. See ATTACHMENT 1

See below

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 10/19/18

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

The above plan of correction is approved as of 10/20/18 (Date)

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

Plan of correction implementation status as of 12/17/18 (Date)

- ☐ Fully Implemented
- ☑ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

Immediately - The administrator will ensure at least one staff person for every 50 residents who is trained in first aid and certified obstructed airway techniques and cardiopulmonary resuscitation is present in the home at all times.
Immediately - The administrator will audit the schedule at least weekly, to ensure that staff persons who meet the requirements under 2600.63a are scheduled and present in the home. 12/17/18

Violation Report: 42981 - 05/16/2018 - Flinner-Alman, Lisa
PCH Name: HARRY & JEANNETTE WEINBERG TERRACE

1. REGULATION 55 Pa.Code §2600
2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
On 5/16/18, at approximately 10:15 a.m., there was no thermometer in the produce cooler in the kitchen.

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.

Director of Dining services will oversee that thermometers in all coolers are now located within the coolers to prevent accidental contact. Receivers of items to be put in coolers have been instructed to place items in coolers carefully so as to not dislodge or bump thermometers. Coolers are checked by dining supervisors upon opening and closing of the kitchen, as well as throughout the day to ensure thermometers are in place and temperatures are accurate. There is an audit sheet for supervisors to sign off at opening and closing of the kitchen on a daily basis. see attachment "A"

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Violation Report: 42981 - 05/16/2018 - Flinner-Alman, Lisa
PCH Name: HARRY & JEANNETTE WEINBERG TERRACE

1. REGULATION 55 Pa.Code §2600
2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION
On 5/16/18, there were seven-5 gallon, opened and uncovered containers of ice cream in the ice cream freezer in the kitchen.

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.

Ice cream containers are covered with elasticized, plastic fittings placed under the cardboard lids. All staff have been instructed to cover every container after use. Proper containment is checked in the morning, after lunch and upon closing the kitchen. The staff has been instructed to never leave ice cream without a secure lid/covering. There is an audit sheet that covers this process as well. see attachment "B"

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Violation Report: 42981 - 05/16/2018 - Flinner-Alman, Lisa
PCH Name: HARRY & JEANNETTE WEINBERG TERRACE

1. REGULATION 55 Pa.Code §2600
2600.125(b) - Combustible materials shall be inaccessible to residents.

2a. DESCRIPTION OF VIOLATION
On 5/16/18, there were multiple unlocked and accessible combustible materials in the maintenance room to include the following:
* 2 cans of primer
* 2 cans of spray paint
* 1 can of instant sealer

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 Director of Maintenance started his position 2 months from the survey date and thought that since his staff was constantly coming and going, that he would leave the door unlocked for easier access. This was an error in understanding and locked his door immediately after the discovery. All his staff know that they need to use their key for entry and the new Director is aware and will check daily and throughout the day. The door does lock automatically behind anyone leaving the office now. He had an in-service with his staff to make sure everyone understood that the door to the maintenance shop must remain locked at all times. Attached, is an in-service sheet from that meeting. ATTACHMENT "C"

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Violation Report: 42981 - 05/16/2018 - Flinner-Alman, Lisa
PCH Name: HARRY & JEANNETTE WEINBERG TERRACE

1. REGULATION 55 Pa.Code §2600
2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION
Staff person A, administrator, indicated there are only 3 staff persons routinely scheduled on the 11:00 p.m. - 7:30 a.m. shift. However, fire drills held on the following dates and times were conducted with more than three staff persons and there were no other fire drills held within the past year during this shift:
* 9/13/17 at 2:04 a.m. - 6 staff participated
* 3/1/18 at 11:17 p.m. - 7 staff participated

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 administrator told the surveyor that there are 3 direct care staff, a housekeeper and security personnel scheduled on the 11:00 pm-7:30 am shift. Which means there are normally five people responding to the night time fire drills, that we hold twice yearly on that shift at different times throughout the night. Administration had counted the Director of facilities and the administrator who came in to conduct these drills in the past but understand that they cannot be counted as additional staff and will not participate in the drill evacuation. For the September 2018 night time fire drill, the administrator and director of facility were not included in the count. There were however a total of five staff who are present every night, except when the housekeeper is off. The administrator will educate anyone conducting night time fire drills in her stead that they should not be counted in the count.

ATTACHMENT "D"

On 9/14/18 at 4:55 a.m., a sleeping hours fire drill was conducted with minimum staff participating. -- 10/20/18

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Violation Report: 42981 - 05/16/2018 - Flinner-Alman, Lisa
PCH Name: HARRY & JEANNETTE WEINBERG TERRACE

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - 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.

2a. DESCRIPTION OF VIOLATION

The medical evaluation, dated 11/17/17, for resident #1 does not include the resident's temperature. That section of the form is blank.

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 2600.141(a) (1)

POC: Upon receipt all DME's will be reviewed by the DRCS (or designee) who will assure completeness of the document. In the event that all vital signs are not recorded by the Physician's office, the office will be contacted and the vital signs at the time of the visit will be acquired and recorded on the form.

ATTACHMENT 2

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

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Violation Report: 42981 - 05/16/2018 - Flinner-Alman, Lisa
PCH Name: HARRY & JEANNETTE WEINBERG TERRACE

1. REGULATION 55 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
Resident #2's most recent medical evaluation was completed on 4/7/17. Also, the medical evaluation does not include the resident's cognitive functioning. That section of the form is blank.

The medical evaluation, dated 11/9/17, for resident #3 does not include the resident's height, weight, pulse rate, blood pressure, temperature and immunizations. These sections of the form are blank.

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.

POC: Resident #2's DME that was completed on 4/7/17 was completed as a significant change from a recent hospitalization, her most recent DME completed by her physician during an evaluation by her PCP on 3/15/18. This document reflects her cognitive status and was produced for the surveyors during the inspection process. (Attachment #)

Resident #3's DME does not include the resident's height, weight, blood pressure, temperature and immunizations. POC: Upon receipt all DME's will be reviewed by the DRCS (or designee) who will assure completeness of the document. In the event that all vital signs are not recorded by the Physician's office, the office will be contacted and the vital signs at the time of the visit will be acquired and recorded on the form.

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Violation Report: 42981 - 05/16/2018 - Flinner-Alman, Lisa
PCH Name: HARRY & JEANNETTE WEINBERG TERRACE

1. REGULATION 55 Pa.Code §2600
2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
Resident #3's Toujeo insulin was discontinued on 5/18/18; however, the medication was still stored in the medication cart.

Resident #4's Oxycodone 2.5mg expired on 4/3/18; however, the medication was still stored in the medication cart.

(Observed 5/31/18)

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.

POC: All medication that is discontinued will be removed/collected by the Nurse transcribing the order.

With regard to Resident # 3 who is a brittle diabetic and was experiencing significant fluctuations in her Capillary Blood Glucose (CBG) readings resulting in frequent changes of her insulin – since the Toujeo was relatively new (and quite expensive) it was decided to leave the insulin in the cart for a couple of days.

Resident Care Aides will monitor all medications within the medication carts for expiration dates and remove all expired medication to the nursing office accordingly. Expiration dates of controlled substances will be noted during the end of shift count process. Nursing staff and Resident Care Aides will be formally re-trained in this process by November 9, 2018.

Immediately - A complete medication audit will be completed by the administrator or a medication-trained designee or licensed staff to ensure all current medications are available in the home and that discontinued medications are disposed of. -- 10/20/18

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

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Date 10/19/18

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Violation Report: 42981 - 05/16/2018 - Flinner-Alman, Lisa
PCH Name: HARRY & JEANNETTE WEINBERG TERRACE

1. REGULATION 55 Pa.Code §2600
2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
Resident #3's glucometers were not calibrated to the correct time.

Resident #5 is prescribed Docusate Sodium 100mg - take 1 capsule every day as needed. However, the medication was not available in the home.

(Observed 5/31/18)

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.

Resident # 3 has 2 glucometers (one that she travels with and one that remains in the med cart). All glucometers on site will be monitored for correct calibration prior to each use and corrected immediately if necessary. Monthly monitoring of all glucometers in the community will be performed by the Supervisor during the first calendar week of each month.

Resident # 5 had not taken any prn Docusate for at least the past 6 months, her supply had expired and was subsequently removed during a pharmacy med cart check. This medication has since been discontinued.

Whenever expired medications are removed from the med carts, a MAR review for utilization of the medication will be performed by the nurse to determine if a request for an order to discontinue be made to the resident's physician.

Immediately - A complete medication audit will be completed by the administrator or a medication-trained designee or licensed staff to ensure all current medications are available in the home and that discontinued medications are disposed of. -- 10/20/18

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** 10/19/18

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Violation Report: 42981 - 05/16/2018 - Flinner-Alman, Lisa
PCH Name: HARRY & JEANNETTE WEINBERG TERRACE

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

(1) Resident's name.
(2) Drug allergies.
(3) Name of medication.
(4) Strength.
(5) Dosage form.
(6) Dose.
(7) Route of administration.
(8) Frequency of administration.
(9) Administration times.
(10) Duration of therapy, if applicable.
(11) Special precautions, if applicable.
(12) Diagnosis or purpose for the medication, including pro re nata (PRN).
(13) Date and time of medication administration.
(14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The May 2018 medication administration records (MARs) for multiple residents do not include the diagnosis or purpose for several medications to include the following:

* Resident #1 - Aspirin 81mg
* Resident #2 - Cetirizine 10mg
* Resident #3 - Isosorbide Mononitrate ER 30mg, Plavix 75mg and Pantoprazole 40mg
* Resident #4 - Zoloft 25mg
* Resident #5 - Nystop 100,000 unit/gram and Amoxicillin 500mg

The May 2018 MAR for resident #5 includes Amoxicillin 500mg - take 4 capsules 1 hour prior to dental appointments. However, the medication was discontinued on 5/17/18.

ATTACHMENT 3

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

Diagnoses were entered for Resident 1 and 2, following consultation with IT and Sr. Leadership, it was determined that due to the length of time that the orders have been on the record, changing and re-entering the orders for Resident #3 would interrupt the flow of the existing MAR thus the diagnosis' cannot be adjusted at this time. Resident #4 has since CTB and the record is locked and cannot be changed. The purpose of the Nystop for Resident has always been present on the MAR, it is indicated in the notes section (attachment #).

SEE BELOW

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) RENA BECKER, EXECUTIVE DIRECTOR **Date** 10/19/18

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- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Immediately - A complete medication audit will be completed by the administrator or a medication-trained designee or licensed staff to ensure the MAR is complete, including all diagnoses/purposes of medications. -- 10/20/18

Violation Report: 42981 - 05/16/2018 - Flinner-Alman, Lisa
PCH Name: HARRY & JEANNETTE WEINBERG TERRACE

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

2a. DESCRIPTION OF VIOLATION
Resident #3 is prescribed Humalog 100 unit/ml three times a day per the following sliding scale: 221-260=1 unit, 261-300=2 units, 301-340=3 units, >341=4 units. On 5/15/18, in the afternoon, resident #3's blood glucose level was 327, requiring 3 units of insulin. However, no insulin was administered.

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.

Upon thorough review of Resident #3'a medical record the following was determined:

It does appear that there is no documentation of the actual amount of sliding scale insulin administered, however there are 2 significant pieces of information that indicate that the insulin was administered. 1. There is a site documented (attachment #) and Resident #3's capillary blood glucose (CBG) level was documented to be 78 (attachment #) at the next reading, 4 hours later which is typical for this resident following insulin administration.

To prevent this from occurring in the future, the Resident Care Attendants will be re-educated to report to the Charge Nurse any CBG level requiring Sliding Scale Insulin coverage, the nurse will then review all documentation in the MAR to assure completeness.

ATTACHMENT 4 + 5

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) RENA BECKER, EXECUTIVE DIRECTOR **Date** 10/19/18

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