



July 11, 2019

Ms. Deborah Winn-Horvitz  
President / CEO  
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 13, 2019, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations 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.

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](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,

A handwritten signature in black ink that reads "J. Rowe". The signature is stylized and cursive.

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report

6/21/2019

## Violation Report

Western Region Field Office  
Bureau of Human Services Licensing

## Facility Information

Name: *HARRY & JEANNETTE WEINBERG TERRACE*  
 Address: *5757 BARTLETT STREET, PITTSBURGH, PA 15217*  
 County: *ALLEGHENY*                      Region: *WESTERN*

License Number: *429810*

## Administrator

Name: *Rena Becker*                      Phone: *4124215757*                      Email: *rbecker@jaapgh.org*

## Legal Entity

Name: *JEWISH ASSOCIATION ON AGING*  
 Address: *5757 BARTLETT STREET, PITTSBURGH, PA, 15217*

## Certificate(s) of Occupancy

Type: *Other*                      Date: *05/09/1997*                      Issued By: *City of Pittsburgh*

## Staffing Hours

Resident Support Staff: *0*                      Total Daily Staff: *64*                      Waking Staff: *48*

## Inspection

Type: *Full*                      BHA Docket #:                      Notice: *Unannounced*  
 Reason: *Renewal*

## Inspection Dates and Department Representative

*05/13/2019 - On-Site: Lauren Spagna, Cindy Mulick, Vicki Pfaff*

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: *115*                      Residents Served: *63*

## Secured Dementia Care Unit

In Home: *No*                      Area:                      Capacity:                      Residents Served:

## Hospice

Current Residents: *2*

## Number of Residents Who:

Receive Supplemental Security Income: *0*                      Are 60 Years of Age or Older: *67*  
 Diagnosed with Mental Illness: *14*                      Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *1*                      Have Physical Disability: *0*

17 - Record Confidentiality

Regulations

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

At 4:19pm, binders containing daily shift notes, to include information about resident #1's activities of daily living, were unlocked, unattended and accessible in the 3rd floor common area.

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.)

2600.17

The care guidelines for resident #1 were immediately removed from the Med Cart. Staff will be re-educated on the topic of patient confidentiality by June 30, 2019.

Immediately: A designated staff person shall inspect the home daily to ensure all resident information is kept in an area that is locked. *PM* 6/21/19

PLEASE SEE ATTACHMENT A+B

Legal Entity Representative

*Rena Becker*

Signature

RENA BECKER EXECUTIVE DIRECTOR 6/21/19

Printed Name and Title

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 6/24/19  
(Date)

Plan of correction implementation status as of 6/24/19  
(Date)

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

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

65d - Initial Direct Care Training

Regulations

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person B, hired on 9/12/16, has been providing unsupervised direct care services since date of hire; however, did not successfully complete and pass the Department-approved direct care training course and pass the competency test until 5/13/19.

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.)

2600.65.d

All newly hired staff will complete the Department approved direct care training course and pass the competence test on their first date of employment prior to meeting the residents.

Within 5 days of receipt of the plan of correction: A designated staff person shall review all direct care staff records to ensure each direct care staff person has successfully completed and passed the Department-approved direct care training course and passed the competency test. Certificates shall be kept in each staff record.

FM 6/21/19

Legal Entity Representative

*Rena Becker*

Signature

RENA BECKER EXECUTIVE DIRECTOR 6/21/19

Printed Name and Title

Date

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## 65f - Training Topics

## Regulations

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

## Description of Violation

Direct care staff person A, hired on 2/23/15, did not receive training on the following topics during the 2018 training year:

- \* Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan
- \* Care for residents with dementia and cognitive impairments
- \* Safe management techniques
- \* Care for residents with mental illness. Currently, the home serves 14 residents with mental illness.

Direct care staff person B, hired on 9/12/16, did not receive training on the following topics during the 2018 training year:

- \* Medication self-administration
- \* Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan
- \* Care for residents with dementia and cognitive impairments
- \* Infection control and general principles of cleanliness and hygiene
- \* Personal care service needs
- \* Safe management techniques
- \* Care for residents with mental illness. Currently, the home serves 14 residents with mental illness.

## 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.)

Training topics for annual training of direct care staff are now printed annually on a sheet in Weinberg Terrace's training binder and administrator will oversee that every direct staff care person have the mandatory training listed in the regulations 2600.65.f-please see attached list for each direct care staff. Immediately: Direct care staff persons A and B shall receive training on all missed trainings from the 2018 training year. Documentation shall be kept. *JM* 6/21/19

**PLEASE SEE ATTACHMENT C**

65f - Training Topics (continued)

Legal Entity Representative

Rena Becker  
Signature

RENA BECKER, EXECUTIVE DIRECTOR 6/21/19  
Printed Name and Title Date

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141a 1-10 Medical Evaluation Information

Regulations

2600.

141.a. 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. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #2's most recent medical evaluation, dated 8/6/18, did not include body positioning/movement needs. This section of the form is blank.

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.)

2600.141.a

Medical Evaluation. The box addressing body positioning – none was not checked for resident #2. This was addressed and corrected immediately. To assure that this does not reoccur, all DME's will be reviewed by the Director of Resident Care or designee for completeness and signed off .

Legal Entity Representative

*Rena Becker*

Signature

RENA BECKER EXECUTIVE Director 6/21/19

Printed Name and Title

Date

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183b - Meds and Syringes Locked

Regulations

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.

Description of Violation

At 4:19pm, numerous medications, to include resident #3's Atorvastatin, were unlocked, unattended and accessible in the 3rd floor common area.

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

Meds and Syringes Locked.

All direct care staff will be re-educated by June 30<sup>th</sup>, 2019

Immediately: A designated staff person shall inspect the home daily to ensure all medications, CAM and syringes are kept in an area or container that is locked. *JM* 6/21/19

Legal Entity Representative

*Rena Becker*

Signature

RENA BECKER, EXECUTIVE DIRECTOR 6/21/19

Printed Name and Title

Date

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- Not Implemented

184a - Labeling OTC/CAM

Regulations

2600.

- 184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
  - 4. The prescribed dosage and instructions for administration.

Description of Violation

The pharmacy label for resident #4's Humalog KwikPen 100unit/ml does not include the following prescribed sliding scale instructions: 221-260=1 unit; 261-300=2 units; 301-340=3 units; >341=4 units

Resident #5 is prescribed Benzonatate 200 mg capsule-Take 1 capsule by mouth 3 times daily as needed; however, the pharmacy label indicates Benzonatate 100 mg capsule-Take 1 capsule by mouth 3 times daily as needed.

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.)

2600.184.a Immediately, then monthly thereafter: A designated staff person shall check the pharmacy labels for all residents to ensure accuracy in accordance with prescriber's orders. *FM* 6/21/19  
Labeling

The pharmacy label for resident #4's sliding scale insulin has been added to the KwikPen by the pharmacy and Grane Rx will continue to package the KwikPens in that manner.

Resident #5's prn Benzonatate label error has also been reviewed with the pharmacy. This medication has since been discontinued by the Physician as Resident #5 had not taken any since the medication was received. *PLEASE SEE ATTACHMENT D1 + D2*

Legal Entity Representative

*Rena Becker*  
Signature

*RENA BECKER, Executive Director* 6/21/19  
Printed Name and Title Date

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185a - Implement Storage Procedures

Regulations

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.

Description of Violation

Resident #4 is prescribed blood glucose checks three times daily. On the following dates/times, the resident's blood sugar readings were incorrectly documented on the resident's May 2019 medication administration record (MAR):

<u>Date/Time</u>	<u>Glucometer Reading</u>	<u>MAR Reading</u>
* 5/12/19 at 5:32pm	154	156
* 5/12/19 at 1:00pm	249	246
* 5/8/19 at 8:50am	114	11

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.)

2600.185.a

All direct care staff will abide by the procedure of documenting glucometer results into the EMAR with the glucometer device in hand to avoid transcription errors. Chart review and glucometer readings will be performed weekly for 4 weeks by the Nursing Supervisors, Monthly for 3 months or until error free and then ongoing on a quarterly basis. Within 30 days of receipt of the plan of correction: All direct care staff persons who administer medications shall be reeducated on the home's procedures for accurate blood sugar documentation. Documentation of the education shall be kept. *PM* 6/21/19

PLEASE SEE ATTACHMENT E1, E2, E3

Legal Entity Representative

*Rena Becker*

Signature

RENA BECKER, EXECUTIVE DIRECTOR 6/21/19

Printed Name and Title

Date

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- Not Implemented

187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #4 is prescribed Humalog KwikPen 100 unit/mL-Inject subcutaneously 3 times daily in accordance with the following sliding scale:

221-260= 1 unit

261-300= 2 units

301-340= 3 units

>340= 4 units

On 5/12/19 at 1:00pm, the resident's blood sugar was 246, requiring 1 unit of insulin to be administered; however, according to the resident's May 2019 MAR, 0 units of insulin were administered.

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.)  
Immediately, then monthly thereafter: A designated staff person shall review the MAR's for all residents prescribed blood sugar checks to ensure accuracy and completion. *FM* 6/21/19

2600.187. a

Resident #4 frequently refuses her mid-day sliding scale insulin when she arrives home late from Dialysis as she receives regular coverage mid-day in addition to her supper dose at 4:30PM. Direct Care Staff will be reeducated as to how to accurately chart refusals by June 30<sup>th</sup>, 2019.

Legal Entity Representative

*Rena Becker*

Signature

*RENA BECKER, EXECUTIVE DIRECTOR 6/21/19*

Printed Name and Title

Date

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- Not Implemented

187b - Date/Time of Medication Admin.

Regulations

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #4 is prescribed Oxycodone 5 mg tablet-Take one tablet every 6 hours as needed for pain. According to the home's narcotic log, one dose was administered to resident #4 on 5/11/19 at 6:20pm; however, resident #4's May 2019 MAR does not include the initials of the staff person who administered this dose.

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

Medication Administration

The individual responsible for this omission will be reeducated and receive remediation materials from the Department approved Train the Trainer Medication Administration program as well as review with the trainer by July 1, 2019.

Immediately, then monthly thereafter: A designated staff person shall review the MAR's for all residents to ensure accuracy and completion, which includes staff initials for medication administration, including controlled substances. *FM* 6/21/19

Legal Entity Representative

*Rena Becker*

Signature

*RENA BECKER, EXECUTIVE DIRECTOR 6/21/19*

Printed Name and Title

Date

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- Partially Implemented - Inadequate Progress
- Not Implemented

190a - Completion Medication Course

Regulations

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person A has not successfully completed the Department-approved medications administration annual practicum trainings for 2018; however, administered numerous medications to numerous residents, to include the following:

- \* Metoprolol Succinate-25mg (1/2 tablet) to resident #4 at 9:00pm on 5/5/19
- \* Proair HFA-90mcg inhaler to resident #4 at 9:00pm on 5/5/19
- \* Plavix-75mg to resident #4 the morning of 5/7/19

Staff person B has not successfully completed the Department-approved medications administration annual practicum trainings for 2018; however, administered numerous medications to numerous residents, to include the following:

- \* Levothyroxine-50mcg to resident #4 at 7:00am on 5/2/19, 5/3/19 and 5/4/19

Plan of Correction (POC) Immediately: A designated staff person shall review all staff records for those staff members who administer medications to ensure all staff persons have successfully completed the Department-approved medication course, which includes annual practicums. 6/24/19

(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.)

2600.190a Immediately: A designated staff person shall develop and implement a tracking system to ensure each staff member who administers medications successfully completes the annual practicums in accordance with the Department-approved medication course. Documentation of the system shall be kept. 6/24/19

Both staff person's A and B completed the Department approved medications annual practicum trainings for 2018. Staff member A completed on 12/14/2018 (Attached) and Staff member B completed 09/13/2018 (Attached). PLEASE SEE ATTACHMENT F + G

Legal Entity Representative

*Rena Becker*

Signature

RENA BECKER EXECUTIVE DIRECTOR 6/21/19

Printed Name and Title

Date

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- Not Implemented

190b - Insulin Injections

Regulations

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

Staff person A has not successfully completed the Department-approved diabetes patient education program since 3/8/18; however, has administered insulin to numerous residents, including to resident #4 on the evening of 5/5/19 and the morning and afternoon of 5/7/19.

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.)

2600.190b

Staff person A completed the Department approved diabetes patient education program on February

28<sup>th</sup>, 2018 (Attached)  
2019 FM

PLEASE SEE ATTACHMENT H

Immediately: A designated staff person shall review all staff records for those staff members who administer insulin to ensure each staff person has successfully completed the Department-approved diabetes patient education program within the past year. 6/24/19 FM

Immediately: The home shall develop and implement a tracking system to ensure all staff members who administer insulin successfully completed the Department-approved diabetes patient education program at least annually. Documentation of the system shall be kept. 6/21/19 FM

Legal Entity Representative

*Rena Becker*

Signature

RENA BECKER, EXECUTIVE DIRECTOR

Printed Name and Title

6/21/19  
Date

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