



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HUMAN SERVICES



# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to **PENNWOOD NURSING AND REHABILITATION CENTER LLC**

LEGAL ENTITY

To operate **PENNWOOD NURSING AND REHABILITATION CENTER**

NAME OF FACILITY OR AGENCY

Located at **909 WEST STREET, PITTSBURGH, PA 15221**

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

\_\_\_\_\_  
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 **22**

(MAXIMUM CAPACITY)

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Human Services 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 **June 3, 2020** until **June 3, 2021**,

unless sooner revoked for non-compliance with applicable laws and regulations.

No: **450190**

*Robert E. Robinson*

ISSUING OFFICER

*[Signature]*

Deputy Secretary

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.

HS 628 – 7/19



Mailing Date: June 4, 2020

Mr. Joshua Koenig  
Managing Member  
Pennwood Nursing and Rehabilitation Center, LLC  
909 West Street  
Pittsburgh, Pennsylvania 15221

RE: Pennwood Nursing and  
Rehabilitation Center, LLC  
License #: 450190

Dear Mr. Koenig:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on May 20, 2020, of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

Your NEW license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Hancock". The signature is fluid and cursive, written over a white background.

Kevin Hancock  
Deputy Secretary  
Office of Long-term Living

Enclosures  
License  
Licensing Inspection Summary

### Violation Report

#### Facility Information

Name: *PENNWOOD NURSING AND REHABILITATION CENTER, LLC*  
Address: *909 WEST STREET, PITTSBURGH, PA 15221*  
County: *ALLEGHENY*                      Region: *WESTERN*

License Number: *45079*

#### Administrator

Name: *GREG TINZ*                      Phone: *412-723-3664*                      Email:

#### Legal Entity

Name: *PENNWOOD NURSING AND REHABILITATION CENTER, LLC*  
Address: *909 WEST STREET, PITTSBURGH, PA, 15221*

#### Certificate(s) of Occupancy

Type: *C-1*                      Date:                      Issued By:

#### Staffing Hours

Resident Support Staff: *0*                      Total Daily Staff: *14*                      Waking Staff: *11*

#### Inspection

Type: *Partial*                      BHA Docket #:                      Notice: *Announced*  
Reason: *Change Legal Entity*

#### Inspection Dates and Department Representative

*05/20/2020 - Off-Site: Josh Hoover*

#### Resident Demographic Data as of Inspection Dates

##### General Information

License Capacity: *22*                      Residents Served: *14*

##### Secured Dementia Care Unit

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

##### Hospice

Current Residents: *NA*

##### Number of Residents Who:

Receive Supplemental Security Income: *14*                      Are 60 Years of Age or Older: *5*  
Diagnosed with Mental Illness: *14*                      Diagnosed with Intellectual Disability: *2*  
Have Mobility Need: *0*                      Have Physical Disability: *0*

3c - Post Current License

Regulations

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The licensing inspection summary dated 9/26/2019 was not posted in a public and conspicuous place in the home.

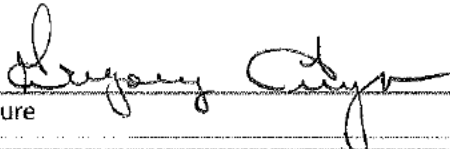
Repeat Violation- 9/26/2019

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 licensing summary dated 9/26/2019 was posted on 5.20.2020 in a public and conspicuous place. Audit of the posting will be conducted weekly for two months to ensure compliance.

Legal Entity Representative

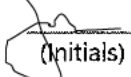
  
Signature

GREGORY TENZ, NHA 5-26-2020  
Printed Name and Title Date

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

The above plan of correction is approved as of 6/1/20  
(Date)

Plan of correction implementation status as of 6/1/20  
(Date)

The above plan of correction was approved by   
(Initials)

- Implemented
- Not Implemented

92 - Windows

Regulations

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

There was no screen in the open window in bedroom #502.

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 window screen was replaced on 5.20.2020. Audit of all windows will be conducted weekly for two months to ensure compliance.

Legal Entity Representative

  
Signature


Gregory T. F. N. P., NHA  
Printed Name and Title

5-26-2020  
Date

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

The above plan of correction is approved as of 6/1/20  
(Date)

Plan of correction implementation status as of 6/1/20  
(Date)

The above plan of correction was approved by   
(Initials)

- Implemented
- Not Implemented

96a - First Aid Kit

Regulations

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit did not contain tweezers.

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 first aid kit had the tweezers put in on 5.20.2020. Audit of the first aid kit will be weekly for two months to ensure compliance.

Legal Entity Representative

*Gregory Tenz*  
Signature

GREGORY TENZ, LMA  
Printed Name and Title

5-26-2020  
Date

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

The above plan of correction is approved as of 6/1/20  
(Date)

Plan of correction implementation status as of 6/1/20  
(Date)

- Implemented
- Not Implemented

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