

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY**

**Facility Information**

**Name:** PENNWOOD NURSING AND REHABILITATION CENTER **License #:** 45019 **License Expiration Date:** 06/03/2021  
**Address:** 909 WEST STREET, PITTSBURGH, PA 15221  
**County:** ALLEGHENY **Region:** WESTERN

**Administrator**

**Name:** Denise S. Meyers **Phone:** 4122437800 **Email:** dsmeyers352@gmail.com

**Legal Entity**

**Name:** PENNWOOD NURSING AND REHABILITATION CENTER LLC  
**Address:** 909 WEST STREET, PITTSBURGH, PA, 15221  
**Phone:** 4122437800 **Email:** JKOENIG@PRESTIGEHC.COM; kcorona@pennwoodnursing.com

**Certificate(s) of Occupancy**

**Type:** C-1 **Date:** 10/14/1992 **Issued By:** Department of Health

**Staffing Hours**

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

**Inspection**

**Type:** Partial **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Monitoring **Exit Conference Date:** 10/08/2020

**Inspection Dates and Department Representative**

10/08/2020 - On-Site: Courtney Barry, 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:** 0

**Number of Residents Who:**

**Receive Supplemental Security Income:** 14 **Are 60 Years of Age or Older:** 6  
**Diagnosed with Mental Illness:** 14 **Diagnosed with Intellectual Disability:** 2  
**Have Mobility Need:** 0 **Have Physical Disability:** 0

**Inspections / Reviews**

**10/08/2020 - Partial**

**Lead Inspector:** Courtney Barry **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/26/2020

Inspections / Reviews (*continued*)

## 11/4/2020 - POC Submission

Lead Reviewer: *Janine Wenzig*Follow Up Type: *Document Submission*Follow-Up Date: *11/16/2020*

## 11/9/2020 Document Submission

Lead Reviewer: *Janine Wenzig*

Follow-Up Type:

Follow-Up Date:



85a - Sanitary Conditions (continued)

Plan of Correction

Accept

Maintenance was notified and immediately cleaned and sanitized the bathroom to ensure compliance with regulation 2600.85(a). To ensure continued compliance, maintenance will be required to inspect and clean all private and shared PC bathrooms as needed three times per shift. Personal Care Aides, med techs, and all other staff members will ensure for cleanliness during med pass and all other room checks. Residents have also been educated to alert staff if they need assistance in cleaning themselves up, if accidents have occurred, or their room needs to be cleaned due to incontinence or any other issue they have encountered.

Completion Date: 10/09/2020

Document Submission

Implemented

Monitor in place beginning 10/10/2020

85d - Trash Receptacles

1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

There was no lid on the trash can in the shared bathroom in bedroom 503 and was approximately 1/2 full of trash.

There was no lid on the trash can in the shared bathroom in bedroom 505 was approximately 3/4 full of trash.

Plan of Correction

Accept

To remain in compliance with regulation 2600.85.d the trash cans in shared bathrooms 503 and 505 received an appropriate covering during the survey. To make certain that compliance is kept, all trash cans will be inspected when housekeeping and personal care staff do their required daily rounds and inspections. Said inspections will occur twice per shift for housekeeping staff by PC Aides/ Med techs when they do their change of shift room and resident checks.

Completion Date: 10/09/2020

Document Submission

Implemented

Monitor in place beginning 10/10/2020

88a - Surfaces

1. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

There was a pool of water, measuring approximately 18 inches by 24 inches, on the floor near the water access panel in bedroom 503, posing a slip/fall hazard.

The paint/protective cover on the shower room floor was worn away, in several areas measuring approximately 3 feet by 3 feet each and tiles underneath were exposed, posing a slip/fall hazard. There were also several pools of water in various places on the shower room floor, also posing a slip/fall hazard.

88a - Surfaces (continued)

Plan of Correction

Accept

In an effort to secure compliance with regulation 2600.88a, all water was mopped up and wet floor signs were placed up until all areas were completely dry during survey. Moving forward, all housekeeping staff will be monitoring all PC areas and doing visual checks twice per shift and as needed to maintain cleanliness. Maintenance has checked the shower room, ordered the necessary supplies and repaired the floor to maintain the safety of all residents and staff.

Water was mopped and removed on 10/08/2020 and the floor repair was completed on 10/15/2020

Completion Date 10/15/2020

Document Submission

Implemented

Monitor in place 10/10/2020

Floor repaired 10/15/2020

95 - Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The toilet seat in the shower room toilet was not securely attached and was askew on the toilet approximately 2 inches.

Plan of Correction

Accept

To keep and maintain compliance with regulation 2600.95, the toilet was immediately repaired during survey. Housekeeping and PC staff were educated to doing twice daily checks on resident spaces to ensure that all furniture and equipment is in good repair.

Completion Date: 10/08/2020

Document Submission

Implemented

Monitor in place

96a - First Aid Kit

1. Requirements

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 or a thermometer.

Plan of Correction

Accept

To remain in compliance with state regulation 2600.96a, the first aid kit was re stocked with tweezers and a thermometer. To maintain compliance, PC staff, PC manager, and Administrator will do weekly checks on Wednesday to make certain that nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings, and tweezers are in place, not expired, and in good working condition.

Completion Date 10/08/2020

Document Submission

Implemented

Monitor in place

121a - Unobstructed Egress

1. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

*At approximately 10:55 a.m., 2 chairs blocked the center emergency exit route in the 1st floor main vestibule.*

Plan of Correction

Accept

*To ensure immediate compliance with regulation 2600.121a, the chairs were removed from the center emergency exit route in the 1st floor main vestibule. The chair set-up is utilized by the residents of the skilled nursing facility to facilitate secure, face-to-face meetings between SNF residents and their family members during the COVID-19 pandemic. While the personal Care staff is not responsible for the scheduling and set-up of said visits, PC Administrator has educated SNF Administrator and staff to the importance of removing any and all obstructive materials from doorways, stairways, hallways, passageways, and egress routes from the rooms and the building must be clear at all times.*

Completion Date: 10/08/2020

Document Submission

Implemented

Education completed

184a - Labeling OTC/CAM

1. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

*Resident #3 is ordered Ondansetron 4mg 1 tablet three times daily; however, the label indicates 1 tablet every 8 hours as needed. The order on the label was discontinued by the doctor on 9/22/2020.*

*Resident #4 is ordered Novolog inj flexpen, inject subcutaneously per sliding scale before meals 80-150=24U; 151-200=28U; 201-250=32U; 251-300=36U; 301-350=40U; 351-400U=44U; >400=48U up to 200U total daily dose; however, the label only includes 80-150=24U; 151-200=28U and does not include the remainder of the scale.*

Plan of Correction

Accept

*In an effort to maintain compliance with regulation 2600.184a, staff will do weekly medication labels to medication administration record checks to ensure that the original container for prescription medications shall be labeled with a pharmacy label that includes proper physician orders. To better serve the residents, our facility has made the move to an electronic medication administration record through a new pharmacy to ensure that all meds are being administered as ordered and that labels are correct. Staff has been educated to checking and double checking all labels read correctly and that they match the MAR. Staff will notify Administrator or PC Manager if corrections need made.*

*Issue was corrected during survey, education was completed on 10/08/2020 and 10/09/2020. A new pharmacy is set to takeover 11/01/2020*

Completion Date: 10/09/2020

184a - Labeling OTC/CAM *(continued)***Document Submission****Implemented**

*Education completed 10/08/2020 and 10/09/2020 and Diamond pharmacy contract was signed 11/01/2020 and services began 11/02/2020*