

Department of Human Services  
Bureau of Human Service Licensing

April 25, 2022

[REDACTED], MANAGER MEMBER  
[REDACTED]  
[REDACTED]

RE: PENNWOOD NURSING AND  
REHABILITATION CENTER  
909 WEST STREET  
PITTSBURGH, PA, 15221  
LICENSE/COC#: 45019

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 02/08/2022, 02/09/2022, 02/15/2022 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,  
[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: *PENNWOOD NURSING AND REHABILITATION CENTER* License #: *45019* License Expiration: *06/03/2022*  
Address: *909 WEST STREET, PITTSBURGH, PA 15221*  
County: *ALLEGHENY* Region: *WESTERN*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

[REDACTED]

**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: *16* Waking Staff: *12*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal, Complaint, Incident* Exit Conference Date: *02/15/2022*

**Inspection Dates and Department Representative**

02/08/2022 - On-Site: [REDACTED]  
02/09/2022 - On-Site: [REDACTED]  
02/15/2022 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *22* Residents Served: *16*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *16* Are 60 Years of Age or Older: *9*  
Diagnosed with Mental Illness: *16* Diagnosed with Intellectual Disability: *1*  
Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**02/08/2022 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/25/2022*

Inspections / Reviews (*continued*)

03/08/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *03/10/2022*

04/25/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *07/20/2022*

17 - Record Confidentiality

1. Requirements

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

On 2/8/22, the resident privacy coding document, which includes the name of resident #1, was attached to the licensing inspection summary, dated 10/5/18, and was posted in a binder at the nurse's station.

Plan of Correction

**Directed**

To ensure that the resident's privacy is secured, the privacy document was removed during the survey. To remain in compliance with regulation 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, the administrator or designee will ensure that only non-identifiable information will be placed in public areas in regard to survey notices. To remain in compliance, the administrator or designee will check the licensing inspection document weekly to ensure that only non-identifiable information is present and visible.

The resident privacy coding document was removed at time of inspection. LM 4/25/22

Completion Date: 02/08/2022

25c6 - Refunds

1. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

6. The conditions under which refunds will be made, including the refund of admission fees and refunds upon a resident's death.

Description of Violation

Resident #2's resident-home contract, dated [REDACTED] does not specify the conditions under which refunds will be made, including the refund of admissions fees and refunds upon the resident's death.

Resident #3's resident-home contract, dated [REDACTED], does not specify the conditions under which refunds will be made, including the refund of admissions fees and refunds upon the resident's death.

Plan of Correction

**Directed**

Moving forward, all contracts will comply with regulation 2600.25c(6), with the administrator/designee updating the resident contracts on [REDACTED] to ensure that a proper fee/refund listing will be included in the initial paperwork. If any changes are made to said listing, existing residents will be informed 30 days before initiation of change.

**25c6 - Refunds (continued)**

Current residents will also be informed of the fee/refund listing on February 21th, 2022. The administrator/designee will do monthly checks of all contracts to ensure compliance.

*DIRECTED:* Within 5 calendar days of receipt of the plan of correction: A designated staff person shall update residents #2 and #3's resident-home contracts to include the conditions under which refunds will be made, including the refund of admission fees and refunds upon a resident's death. Residents #2 and #3 shall initial and date the updates. A copy of the completed resident-home contract shall be kept in each resident's record. LLM 4/21/22

*DIRECTED:* Within 10 calendar days of receipt of the plan of correction: A designated staff person shall develop and implement a new admission checklist to ensure resident-home contracts are completed in their entirety within 24 hours of admission. Documentation of the new admission checklist shall be kept in each resident's record. All staff persons involved in the admission process shall be educated on the new checklist. Documentation of the education shall be kept in accordance with 2600.65i. LM 4/21/22

**Completion Date:** 02/21/2022

**25c12 - Bed Hold****1. Requirements**

2600.

25.c. At a minimum, the contract must specify the following:

12. Charges to the resident for holding a bed during hospitalization or other extended absence from the home.

**Description of Violation**

Resident #2's resident-home contract, dated [REDACTED], does not include the charges for holding a bed during hospitalization or other extended absence.

Resident #3's resident-home contract, dated [REDACTED] does not include the charges for holding a bed during hospitalization or other extended absence.

Resident #4's resident-home contract, dated [REDACTED], does not include the charges for holding a bed during hospitalization or other extended absence.

**Plan of Correction****Directed**

In an effort to remain in compliance with regulation 25c12, residents were informed by the administrator or designee of charges to the resident for holding a bed during hospitalization or other extended absence from the home by including said charges within the contract as an addendum and during a meeting held on 2/21/2022.

Current residents will also be informed of room rate fees for beholds and an addendum will be added to their existing contracts.

The administrator/designee will check resident charts monthly to ensure that bed hold documentation is in place.

*DIRECTED:* Within 5 calendar days of receipt of the plan of correction: A designated staff person shall update residents #2, #3 and #4's resident-home contracts to include the charges to the resident for holding a bed during hospitalization or other extended absence from the home. Residents #2, #3 and #4 shall initial and date the

**25c12 - Bed Hold (continued)**

updates. A copy of the completed resident-home contract shall be kept in each resident's record. LLM 4/21/22

*DIRECTED: Within 10 calendar days of receipt of the plan of correction: A designated staff person shall develop and implement a new admission checklist to ensure resident-home contracts are completed in their entirety within 24 hours of admission. Documentation of the new admission checklist shall be kept in each resident's record. All staff persons involved in the admission process shall be educated on the new checklist. Documentation of the education shall be kept in accordance with 2600.65i. LM 4/21/22*

**Completion Date:** 02/21/2022

**42e - Telephone Access****1. Requirements**

2600.

42.e. A resident shall have access to a telephone in the home to make calls in privacy. Nontoll calls shall be without charge to the resident.

**Description of Violation**

*The only telephone available to residents after the office is locked is in the main common living room, which does not allow residents to make calls in private.*

**Plan of Correction****Directed**

*The administrator and designee will make certain that regulation 2600.42e is intact by purchasing a cordless phone that will allow a resident to have access to a telephone within the home, without charge, and within a private setting. The Administrator/designee will monitor the phone placement daily to ensure that is fully charged, available, and can be used in privacy by residents.*

*Per conversation with administrator on 4/21/22, the home purchased and installed 2 cordless phones in February, 2022 for residents to make and receive calls in private. LM 4/21/22*

*DIRECTED: Within 10 calendar days of receipt of the plan of correction: All residents shall be notified of the location of the new cordless telephones. LM 4/21/22*

**Completion Date:** 02/16/2022

**63a - First Aid/CPR Training****1. Requirements**

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.

**Description of Violation**

*There were no staff persons present in the home who are currently trained in first aid and certified in obstructed airway techniques and CPR on multiple dates, to include the following:*

- *On 2/7/22*
- *On 2/6/22 from approximately 7:00 am until 7:00 pm*
- *On 2/5/22 from approximately 7:00 am until 7:00 pm*
- *On 2/4/22*

**63a - First Aid/CPR Training (continued)**

On 12/7/21 after lunch, resident #5 collapsed to the dining room floor, grabbing at the throat and chest area. Staff person A lowered resident #5 to the floor and began CPR; however, staff person A's CPR certification expired on 10/15/21.

**Plan of Correction****Directed**

To remain within compliance with regulation 2600.63. a, staff person A's CPR certification was reinstated during the survey. Moving forward, staff CPR certification and expiration dates will be checked every month by the administrator/designee to ensure that at least one staff person for every 50 residents who are trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times. (DIRECTED: Within 7 calendar days of receipt of the plan of correction: A designated staff person shall create and implement a tracking system to review during the monthly audits, which includes the name and expiration date of all current staff persons who are currently trained in first aid and certified in obstructed airway techniques and CPR. LM 4/25/22

A CPR/first aide recertification class was held on 4/7/22, which included staff person A. LM 4/25/22

Completion Date: 02/09/2022

**65a - FS Orientation 1st Day****1. Requirements**

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:

**Description of Violation**

The orientation training record for direct care staff person B, first day of work was [REDACTED], is undated, so it is unable to be determined if direct care staff person B received orientation on the topics specified in 2600.65a prior to or during the first work day.

REPEAT VIOLATION: 06/22/2021

**Plan of Correction****Directed**

The administrator or designee will remain compliant with regulation 2600.65.a by putting a monthly monitor in place to review employee files and to ensure that prior to or during the first workday, all direct care staff persons including ancillary staff persons, substitute personnel, and volunteers shall have an orientation in general fire safety and emergency preparedness.

Staff Person B was re-trained and documents were signed off on 2/22/2022

DIRECTED: Within 10 calendar days of receipt of the plan of correction: A designated staff person shall develop

**65a - FS Orientation 1st Day (continued)**

and implement a new-hire checklist to ensure all newly-hired staff persons receive training on all topics specified in 2600.65a prior to or during their first work day. Documentation of the training shall be kept in accordance with 2600.65i. The completed new-hire checklist shall be kept in each staff person's record. All staff persons involved in the hiring process shall be educated on the new-hire checklist. Documentation of the education shall be kept in accordance with 2600.65i. LM 4/21/22

*DIRECTED: Within 10 calendar days of receipt of the plan of correction: A designated staff person shall review all current staff person records to ensure each staff person has received training on all topics specified in 2600.65a, and that documentation of the trainings are kept in accordance with 2600.65i. LM 4/21/22*

**Completion Date:** 02/22/2022

**65b - Rights/Abuse 40 Hours****1. Requirements**

2600.

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:

**Description of Violation**

The orientation training record for direct care staff person B, first day of work was [REDACTED] is undated, so it is unable to be determined if direct care staff person B received orientation on the topics specified in 2600.65b within 40 scheduled working hours.

**REPEAT VIOLATION:** 06/22/2021

**Plan of Correction****Directed**

Compliance with regulation 2600.65.b will be kept by the administrator or designee by monitoring new hire paperwork monthly to ensure that all direct care staff persons, ancillary staff persons, substitute personnel, and volunteers shall have orientation within the first 40 scheduled working hours.

Staff person B was re-oriented and paperwork was signed on 2-22-2022

*DIRECTED: Within 10 calendar days of receipt of the plan of correction: A designated staff person shall develop and implement a new-hire checklist to ensure all newly-hired staff persons receive training on all topics specified in 2600.65b within 40 scheduled working hours. Documentation of the training shall be kept in accordance with 2600.65i. The completed new-hire checklist shall be kept in each staff person's record. All staff persons involved in the hiring process shall be educated on the new-hire checklist. Documentation of the education shall be kept in accordance with 2600.65i. LM 4/21/22*

*DIRECTED: Within 10 calendar days of receipt of the plan of correction: A designated staff person shall review all current staff person records to ensure each staff person has received training on all topics specified in 2600.65b, and that documentation of the trainings are kept in accordance with 2600.65i. LM 4/21/22*

**Completion Date:** 02/22/2022

## 101j2 - Bedroom Chairs

## 1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

2. A chair for each resident that meets the resident's needs.

## Description of Violation

On 2/8/22, 2 residents were residing in bedroom #505; however, only 1 chair was present in the bedroom.

## Plan of Correction

**Directed**

Regulation 2600.101j2, a chair for each resident that meets the resident's needs, was corrected during the survey, and another chair was placed in the room on 2/09/2022. Continued compliance will be monitored by the administrator/designee weekly. DIRECTED: The weekly monitoring shall ensure a chair is present for each resident that meets the resident's needs. LM 4/21/22.

Completion Date: 02/09/2022

## 101j5 - Bedside Table/Shelf

## 1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

5. A bedside table or a shelf.

## Description of Violation

On 2/8/22, there was no bedside table or shelf beside resident #6's bed.

## Plan of Correction

**Accept**

During the survey, regulation 2600.101j5, was corrected and a bedside table was placed next to the resident's bed on 2/09/2022. Moving forward, the administrator/designee will check residents' rooms weekly to ensure that a shelf or nightstand is accessible to each resident.

Completion Date: 02/09/2022

## 102c - Tub/Shower - 10 users

## 1. Requirements

2600.

102.c. There shall be at least one bathtub or shower for every ten or fewer users, including residents, staff persons and household members.

## Description of Violation

On 2/9/22, the home served 16 residents; however, only has 1 shower for resident use.

## Plan of Correction

**Directed**

To ensure compliance with regulation 2600.102.c, the facility will be constructing a separate shower room out of a room that is no longer being occupied due to a decrease in occupancy from 22 to 20 that was requested and granted. This former resident room with its own powder room within it, will be outfitted with a shower to allow for increased showering capacity within the personal care facility.

Per discussion with the administrator on 4/21/22, the construction will be completed by 7/20/22. LM 4/21/22

**102c - Tub/Shower - 10 users (continued)**

*DIRECTED: The administrator shall ensure all applicable permits from the authority having jurisdiction are applied for and obtained prior to any construction work beginning. Copies of all applicable permits shall be kept. LM 4/21/22*

*DIRECTED: Within 10 calendar days of receipt of the plan of correction: The home shall contact the appropriate fire safety authority prior to any construction work beginning to explain the scope of work to determine if a new occupancy permit is required in accordance with 2600.14c. Documentation shall be kept. LM 4/21/22*

**Completion Date:** 07/20/2022

**102i - Soap Dispenser****1. Requirements**

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

**Description of Violation**

*On 2/9/22 at 11:37 am, there was an unlabeled, used bar of soap on the shared bathroom sink in bedroom #503.*

**Plan of Correction****Directed**

*Regulation 2600.102.i., which requires that a dispenser with soap shall be provided within reach of each bathroom sink and states that bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom, was corrected during survey on 2/09/2022 and a labeled soap dish was placed in the bedroom for each resident.*

*The administrator or designee will monitor weekly for compliance*

*DIRECTED: Within 10 calendar days of receipt of the plan of correction: All staff persons shall be educated that a dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom. Documentation of the education shall be kept in accordance with 2600.65i. LM 4/21/22.*

**Completion Date:** 02/09/2022

**103f - Refrigerator/Freezer Temps****1. Requirements**

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.

**Description of Violation**

*On 2/8/22 at 11:02 am, the temperature in the walk-in kitchen freezer was 18 degrees Fahrenheit, and at 3:08 pm, it was 22 degrees Fahrenheit.*

**Plan of Correction****Directed**

*To ensure that food requiring refrigeration shall be stored at or below 40 degrees, frozen food shall be kept at or*

**103f - Refrigerator/Freezer Temps (continued)**

*below zero, and those thermometers are required in refrigerators and freezers, a new thermometer was placed in the freezer, and maintenance was immediately informed of and repaired the issue on 02/09/2022.*

*A daily monitor will be put in place to make sure proper temps are in place and checked by the administrator/designee. DIRECTED: Documentation of the daily temperatures of all refrigerators and freezers shall be kept. LM 4/21/22*

*DIRECTED: Within 10 calendar days of receipt of the plan of correction: All staff persons shall be educated that food requiring refrigeration shall be stored at or below 40°F, frozen food shall be kept at or below 0°F and that thermometers are required in refrigerators and freezers. Documentation of the education shall be kept in accordance with 2600.65i. LM 4/21/22.*

**Completion Date:** 02/09/2022

**132c - Fire Drill Records****1. Requirements**

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**Description of Violation**

*The fire drill records for the fire drills conducted on 12/4/21 at 9:50 am and on 1/6/22 at 10:53 am do not include:*

*\* The exit routes used*

*\* The number of residents evacuated*

**Plan of Correction**

*To remain in compliance regulation 2600.132.c., which states that a written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative, the administrator or designee will monitor fire drill records monthly to ensure that they are completed correctly and accurately.*

*Staff was in-serviced on how to properly conduct and document a fire drill on 2/22/2022*

**Completion Date:** 02/20/2022

**Accept****141a 1-10 Medical Evaluation Information****1. Requirements**

2600.

141a 1-10 Medical Evaluation Information *(continued)*

- 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 medical evaluation, dated [REDACTED] does not include an assessment of the resident’s allergies or body positioning. These sections of the form are blank.*

**Plan of Correction**

**Directed**

*In an effort to remain in compliance with regulation 2600.141.a., all resident’s medical evaluations will be reviewed monthly to ensure that the documentation is completed in a factual and appropriate manner by the administrator or designee. Any documentation that needs to be corrected will be sent back to the physician for corrections. Resident 2’s medical evaluation was updated by the physician on [REDACTED]*

*DIRECTED: Within 10 calendar days of receipt of the plan of correction: A designated staff person shall develop and implement a new admission checklist to ensure a medical evaluation is completed within 60 days prior to admission or within 30 days after admission. Documentation of the new admission checklist shall be kept in each resident’s record. All staff persons involved in the admission process shall be educated on the new checklist. Documentation of the education shall be kept in accordance with 2600.65i. LM 4/21/22*

**Completion Date:** 02/10/2022

185a - Implement Storage Procedures

**1. Requirements**

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 #2 is prescribed [REDACTED] orally 3 times daily. On 2/9/22, resident #2 had 45 [REDACTED] capsules present in the medication cart; however, the home’s narcotic count sheet indicates 48 [REDACTED] capsules are present.*

**185a - Implement Storage Procedures (continued)**

The home's "Narcotic Count Policy" indicates, "At the change of every shift and return from breaks, staff is required to count all narcotics kept within the NARC drawer." However, staff persons did not count the narcotics at the change of shift on numerous occasions, to include the following shift changes:

- The 7:00 am, 3:00 pm and 11:00 pm shift changes on 2/8/22
- The 3:00 pm and 11:00pm shift changes on 2/7/22
- The 3:00 pm shift change on 2/3/22

**Plan of Correction****Accept**

To ensure that the home developed and implemented procedures for the safe storage, access, security, distribution, and use of medications and medical equipment by trained staff persons, a training was conducted during the survey to ensure that NARC's were accounted for and the appropriate amount of medication is present.

The administrator or designee will monitor NARC sheets every Monday, Wednesday, and Friday to ensure that count is being done correctly.

Staff was in-serviced during the survey on each shift on 2/09/2022 on proper narcotic count procedures.

**Completion Date:** 02/09/2022