

Department of Human Services  
Bureau of Human Service Licensing

November 4, 2022

[REDACTED]

JEWISH ASSOCIATION ON AGING  
5757 BARTLETT STREET  
PITTSBURGH, PA, 15217

RE: HARRY & JEANNETTE WEINBERG  
TERRACE  
5757 BARTLETT STREET  
PITTSBURGH, PA, 15217  
LICENSE/COC#: 42981

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/17/2022, 10/18/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: *HARRY & JEANNETTE WEINBERG TERRACE* License #: *42981* License Expiration: *11/26/2022*  
Address: *5757 BARTLETT STREET, PITTSBURGH, PA 15217*  
County: *ALLEGHENY* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

Name: *JEWISH ASSOCIATION ON AGING*  
Address: *5757 BARTLETT STREET, PITTSBURGH, PA, 15217*  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

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

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *62* Waking Staff: *47*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *10/18/2022*

**Inspection Dates and Department Representative**

10/17/2022 - On-Site: [REDACTED]  
10/18/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *115* Residents Served: *51*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *1*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *51*  
Diagnosed with Mental Illness: *11* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *11* Have Physical Disability: *0*

**Inspections / Reviews**

**10/17/2022 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/30/2022*

**10/28/2022 - POC Submission**

Submitted By: [REDACTED]

Date Submitted: 11/02/2022

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 11/02/2022

**10/31/2022 - POC Submission**

Submitted By: [REDACTED]

Date Submitted: 11/02/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 11/11/2022

**11/04/2022 - Document Submission**

Submitted By: [REDACTED]

Date Submitted: 11/02/2022

Reviewer: [REDACTED]

Follow-Up Type: Not Required

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

In accordance with the Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/2016, "An approved carbon monoxide alarm at a care facility shall be installed in close proximity of, but not less than 15 feet from, any fossil fuel-burning device or appliance." However, on 10/17/22 at approximately 1:30 p.m. the carbon monoxide detector located in the home's boiler room was hard wired to the fire alarm system and mounted to the wall approximately eleven feet away from the Teledyne Laars natural gas fired boiler.

POC Submission

Accept [redacted] - 10/28/2022)

On 10/17/22 upon notification that the facility's' Carbon Monoxide Detector was positioned in close proximity to facility boiler, Johnson Controls was contacted by this Administrator to schedule an onsite technician for corrective action. A proposal for service by Johnson Controls was received on 10/19/22. This Administrator signed, scanned and returned proposal to Johnson Controls. However in order to expedite corrective action to this violation, this Administrator contracted, Xycom Technology Group wo came on site 10/27/22 perform corrective action. This violation was resolved on 10/27/22. The carbon monoxide detector is now located 15.5 feet from the Teledyne Laars natural gas fired boiler. (Please see attached proposal, signed and dated)

Upon receiving future notification from Federal, State and local laws ,ordinances and regulations this Administrator and Facilities Manager will coordinate efforts to review and implement any such policy changes.

Licensee's Plan Completion Date: 10/27/2022

Implemented [redacted] 11/04/2022)

101j7 - Lighting/Operable Lamp

2. Requirements

2600.

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

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 10/17/22 at approximately 11:50 a.m., there was no operable source of light that can be turned on and off at bedside in resident room [redacted] belonging to resident #1.

Plan of Correction

Accept [redacted] - 10/31/2022)

On 10/17/22 effective immediately resident was asked if a lamp could be obtained to place at bedside. Due to residents limited range of motion, resident chose not to have a lamp at bedside. A tap light was suggested and obtained within 24 hours and placed at bedside for resident use. Resident has expressed satisfaction. (Please see photo attached)

To ensure future compliance -a Biannual Safety Inspection Audit of all resident apartments will be conducted. Administrator, Director of Resident Services and Maintenance Manager will perform apartment audits as a team. Inspection audit results forms from each apartment will be stored in a binder located in the Administrators Office. Work performed from these findings will be initialed and dated when completed in a timely manner. (see audit forms attached)

101j7 - Lighting/Operable Lamp (continued)

All resident apartments were checked for compliance on 10/26/22, by direct care staff. No additional violations were found.

POC continued

Environmental staff (Housekeeping) will be educated and provided with an audit sheet identifying the presence or absence of a light source at resident's bedside. Environmental staff will perform weekly audits.

Licensee's Proposed Overall Completion Date: 10/31/2022

Implemented [REDACTED] 11/04/2022)

132d - Evacuation

3. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

On [REDACTED]/22 at [REDACTED] a.m. the home conducted a fire drill with 55 residents present in the home. However, only 54 residents were evacuated during the fire drill.

Plan of Correction

Accept [REDACTED] - 10/31/2022)

Upon the failure of completing a successful drill on 9/23/22, a second drill was performed on 9/28/22 at 11:15am at which time 53 residents were present in the home and 53 residents were successfully evacuated.

On 10/19/22 resident who did not participate in drill conducted on 9/23/22 was educated on fire safety, evacuation route and mandatory resident participation. Staff member who was assigned to the floor of this resident was provided with education for evacuation and use of walkie talkie for ongoing communication during the evacuation process.

To ensure the safe evacuation of all residents and staff an Annual Fire Safety Drill was provided by our Fire Inspector. The fire drill was conducted on 10/7/22 at 3:50pm with 51 residents in the home and 51 residents were evacuated during the drill. Resident has participated in two subsequent fire drills successfully. (Please see attachment of Resident evacuation list, apt 207 indicating evacuation of the resident from the apartment.)

Fire inspector is scheduled to provide a mandatory in-service on 11/2/22 at 2:30pm and 11/16/22 at 2:30pm to staff.

Fire inspector will also conduct an in-service for residents on the above dates at 3:30pm

132d - Evacuation (continued)

All residents at time of admission are provided with fire safety education and sign off accordingly. Signature sheets are placed in resident files.

All residents will be educated biannually during apartment inspections where process reviews exit route, placement of evacuation tag and mandatory participation in all drills.

All new hires are provided with fire safety within their first 24 hours on site. Signature sheets are placed in staff files.

Administrator will monitor monthly fire drills to ensure residents will evacuate to a fire safe area designated by the fire safety expert within the period of time specified within the past year by the fire safety expert.

Director of Resident Services will monitor monthly staffing levels and residents' mobility/evacuation ability to ensure staffing levels meet resident evacuation needs.

Director of Resident Services will annually check admission criteria in order to evaluate the appropriate Level of Care for admission or continuance of Resident stay given care needs and staffing for a PCH community.

Licensee's Proposed Overall Completion Date: 10/28/2022

Implemented [redacted] - 11/04/2022)

141b1 - Annual Medical Evaluation

4. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #2's most recent medical evaluation is dated [redacted]/22, however, the resident's previous medical evaluation was dated [redacted] 21.

Plan of Correction

Accept ([redacted] 10/31/2022)

- Medical Evaluation (DME) audits occur twice monthly conducted by the Director of Resident Care or designee on the 1st and 15th of the month respectively.
- When annual DME's are received into the community. Annual renewal dates will be indicated for ease of auditing.
- In the event that an annual DME has not been received by the community within 5 days of the renewal date the PCP will be contacted to verify receipt in addition to offering assistance in expediting competition in a timely manner.
- Documentation of correspondences will be filed along with the annual DME, in the hard copy DME binder by the

141b1 - Annual Medical Evaluation (continued)

Weinberg Terrace Director of Resident Care or designee. To assure compliance, weekly (and daily follow up will occur if necessary) until such time that compliance is reached.

- One month prior to the Annual DME due date, an appointment will be scheduled with the resident's PCP for completion of an annual physical examination.

POC continued:

All resident records were audited by the Director of Resident Services for DME compliance with timeliness and document completion on 10/29/22.

All resident records have an annual DME.

Licensee's Proposed Overall Completion Date: 10/29/2022

Implemented ( [redacted] - 11/04/2022)

183d Prescription Current

5. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident #3's [redacted] - [redacted] was discontinued on 1/18/22.

However, the medication was found in the medication cart on 10/18/22 at approximately 2:20 p.m..

Plan of Correction

Accept ( [redacted] - 10/31/2022)

Weinberg Terrace has a contractual agreement with a Pharmacy for a Nurse Consultant to audit all med carts on a monthly or bi-monthly basis. The medication cart audit encompasses presence and removal of discontinued medications, presence of expired medications and proper dating of eye drops and creams.

- As the plan of correction moving forward, upon beginning the Pharmacy Consultant audit, the Director of Resident Care or designee will print a current list of discontinued medications.
- Upon completion of the audit, the Director of Resident Care or designee will review and reconcile all discontinued medications with the Pharmacy Consultant assuring that all discontinued medications have been removed from the medication cart.
- Documentation of such reconciliation will be kept on file in the nursing office attached to the Grane Rx Nurse Consultant report.
- All staff who pass medications will receive biannual education from the Pharmacy Nurse Consultant with regard to proper labeling, medication storage and expiration dates.
- The next training for staff is scheduled for 11/15/22@2:30pm.

POC updated:

Name of pharmacy was omitted in the above plan of correction.

Licensee's Proposed Overall Completion Date: 10/28/2022

Implemented ( [redacted] 11/04/2022)

185a Implement Storage Procedures

**6. 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 ordered [REDACTED]. However, on [REDACTED]/22 at approximately [REDACTED] p.m., the medication is not available in the home for administration if requested.

**Plan of Correction**

Accept [REDACTED] 10/31/2022)

Resident #2 is [REDACTED] stable and has not required [REDACTED] medication, specifically [REDACTED] at any time during the past 2 years.

- The [REDACTED] medication ([REDACTED]) was reordered immediately and arrived at Weinberg Terrace within 30 minutes of the order on 10/18/22.
- All medications will be present in the community, as ordered at all times.

POC updated and continued:

Weinberg Terrace has a contractual agreement with a Pharmacy for a Nurse Consultant to audit all med carts on a monthly or bi-monthly basis. The medication cart audit encompasses presence and removal of discontinued medications, presence of expired medications and proper dating of eye drops and creams.

- As the plan of correction moving forward, upon beginning the Pharmacy Consultant audit, the Director of Resident Care or designee will print a current list of discontinued medications.
- Upon completion of the audit, the Director of Resident Care or designee will review and reconcile all discontinued medications with the Pharmacy Consultant assuring that all discontinued medications have been removed from the medication cart.
- Documentation of such reconciliation will be kept on file in the nursing office attached to the Grane Rx Nurse Consultant report.
- All staff who pass medications will receive biannual education from the Pharmacy Nurse Consultant with regard to proper labeling, medication storage and expiration dates.

The next training for staff is scheduled for 11/15/22@2:30pm.

Licensee's Proposed Overall Completion Date: 10/28/2022

Implemented ([REDACTED] - 11/04/2022)