



Emailing date: July 21, 2023

[REDACTED]
Pennwood Nursing and Rehabilitation Center LLC
909 West Street
Pittsburgh, Pennsylvania 15221

RE: Pennwood Nursing and Rehabilitation
Center
License #: 450190

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on March 17, 2023, March 30, 2023, and June 16, 2023, and the corrections you have made after our inspections, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala". The signature is written in a cursive, flowing style.

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

Facility Information

Name: PENNWOOD NURSING AND REHABILITATION CENTER License #: 45019 License Expiration: 06/05/2023
 Address: 909 WEST STREET, PITTSBURGH, PA 15221
 County: ALLEGHENY Region: WESTERN

Administrator

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

Legal Entity

Name: PENNWOOD NURSING AND REHABILITATION CENTER LLC
 Address: 909 WEST STREET, PITTSBURGH, PA, 15221
 Phone: [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: 9 Waking Staff: 7

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Complaint, Provisional Exit Conference Date: 03/30/2023

Inspection Dates and Department Representative

03/17/2023 - On-Site: [REDACTED]
 03/17/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 10 Residents Served: 9
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 9 Are 60 Years of Age or Older: 5
 Diagnosed with Mental Illness: 9 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

03/17/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/13/2023

04/26/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 05/18/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/03/2023

Inspections / Reviews (*continued*)

05/05/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/18/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/12/2023

07/07/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/18/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

42c - Treatment of Residents

1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On 3/17/23 at approximately 1:02 p.m. resident #1 stated that direct care staff person A "is always mean to me", "I'm tired of [REDACTED] yelling at me", "I was going to call you (DHS) but I was afraid", and "I come here to live, not to be yelled at all the time." On 3/30/23 at approximately 1:35 p.m. resident #1 stated, "I am getting away from here, I am terrified of direct care staff person A, [REDACTED] mean, [REDACTED] won't talk to me, I am actually terrified because I am going to get thrown out of here." Resident #1 also stated that, "on Monday or Tuesday of this week (3/27/23, 3/28/23), at breakfast direct care staff person A threw a juice box at me. It didn't hit me or splash because it was closed but she won't say hi or say anything to me, someone must have said something or told [REDACTED] I told on [REDACTED], so now [REDACTED] won't say anything to me at all."

Plan of Correction**Do Not Accept [REDACTED] - 04/26/2023)**

In an effort to ensure that all residents are treated with dignity and respect, an in-service with the ombudsman, [REDACTED] was scheduled to educate all staff on Resident's Rights and reporting concerns. There will also be a second in-service held by a local home health/hospice agency that will cover customer service and hospitality when dealing with those in care, the elderly, and their family members.

Prior to this incident, staff person A acquired a new position with another company that caused a decrease in scheduled days and allowed her to be moved to an overnight shift which cut back her interactions with all residents.

Moving forward, the administrator will hold weekly meetings with residents during lunchtime to allow residents to express any concerns they are having with staff or within the facility in general.

Licensee's Proposed Overall Completion Date: 04/10/2023

Plan of Correction**Directed [REDACTED] - 05/05/2023)**

In an effort to ensure that all residents are treated with dignity and respect, an in-service with the ombudsman, [REDACTED] has been scheduled (May, 3rd, 2023) to educate all staff on Resident's Rights and reporting concerns. A second in-service was held by a local home health/hospice agency (April 24th, 2023) that covered customer service and hospitality when dealing with those in care, the elderly, and their family members.

Prior to this incident, staff person A acquired a new position with another company that caused a decrease in [REDACTED] scheduled days and allowed [REDACTED] to be moved to an overnight shift which cut back her interactions with all residents. When the issue was presented to the administrator by DHS staff, an investigation was initiated immediately. Other residents and staff were questioned and no one was able to corroborate Resident 1's claims. Staff person A was in-serviced and educated separately regarding the above incident. Staff person 1 was also interviewed by DHS and denied such an incident ever occurred. The Personal Care and Campus Administrator addressed this issue with staff person A and a 10-day suspension was put in place during that investigation as well.

Resident 1 stated that [REDACTED] was fine with staff person A being employed and no longer had an issue with staff person A at the conclusion of the investigation.

Moving forward, the administrator will hold weekly meetings with residents during lunchtime to allow them to express any concerns they have with staff or within the facility. Residents have also been educated on resident rights and reporting procedures if they need to discuss matters with non-staff members and instructed to share concerns with the administrator immediately.

DIRECTED

42c - Treatment of Residents (continued)

Within one calendar day of receipt of the accepted plan of correction: The administrator shall privately interview two residents a week for three months and two residents a month thereafter, to ensure residents are treated with dignity and respect. Documentation of interviews shall be kept. 5/5/23

Directed Completion Date: 05/06/2023

Evidence of Completion

Implemented - 07/07/2023

See attached.

62 - Contact List

2. Requirements

2600.

62. List of Staff Persons - The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

Description of Violation

On 3/17/23, the home's current list of staff persons does not include direct care staff B, a medication technician and care aide.

On 3/17/23, the home's current list of staff persons does not include direct care staff person C, the home's administrator.

On 3/17/23, the home's current list of staff persons does not include direct care staff person D, the home's corporate personal care administrator.

Plan of Correction

Do Not Accept - 04/26/2023

The human resources department was educated on regulation 2600.62 to make certain that staff listings included all personnel for the Personal Care Unit, including corporate staff persons. The violation was corrected during the survey.

To remain in compliance with regulation 2600.62, the staff listing will be checked by the administrator or their designee monthly to ensure for correctness.

Licensee's Proposed Overall Completion Date: 04/10/2023

Plan of Correction

Accept - 05/05/2023

The human resources department was educated on regulation 2600.62 to make certain that staff listings included all personnel for the Personal Care Unit, including corporate staff persons. The violation was corrected during the survey and all staff persons have been added to the list with phone numbers and dates of hire.

To remain in compliance with regulation 2600.62, the staff listing will be checked by the administrator or their designee monthly to ensure correctness.

Licensee's Proposed Overall Completion Date: 05/03/2023

Evidence of Completion

Implemented - 07/07/2023

See attached.

85a - Sanitary Conditions

3. Requirements

2600.

85a - Sanitary Conditions (continued)

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 3/17/23 at approximately 11:28 a.m. the home's dining area had multiple areas of the floor that were sticky from a substance of unknown origin as well as crushed crackers, empty sugar substitute packets, and other pieces of food debris of unknown origin scattered all over the floor and underneath the dining room tables.

At approximately 11:34 a.m. the silverware carriers in the home's dining area have crumbs and food debris that appear to be sugar, salt, pepper, and bits of food debris of unknown origin mixed in with packets of mustard, mayonnaise, sugar packets, and table syrup.

Plan of Correction

Do Not Accept () - 04/26/2023

To remain in continued compliance with regulation 2600.85a, which was corrected during the survey, staff was educated on cleanliness and infection control concerns. To remain in continued compliance, staff will complete a daily sanitation checklist before leaving the dining room at the close of dinner to confirm cleanliness.

Licensee's Proposed Overall Completion Date: 04/10/2023

Plan of Correction

Directed () - 05/05/2023

To remain in continued compliance with regulation 2600.85a, which was corrected during the survey, staff was educated on cleanliness and infection control concerns. The kitchen was deep cleaned and sanitized post-survey by the housekeeping department. To remain in continued compliance, staff will clean the dining area and complete a daily sanitation checklist before leaving the dining room at the close of dinner to confirm cleanliness.

DIRECTED

Within five calendar day of receipt of the accepted plan of correction: The administrator shall educate all staff persons on the requirements of Regulation 2600.85(a). Documentation of education shall be kept. 5/5/23 ()

Directed Completion Date: 05/10/2023

Evidence of Completion

Implemented () - 07/07/2023

See attached.

91 - Telephone Numbers

4. Requirements

2600.

- 91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

On 3/17/23 at approximately 11:56 a.m. the telephone number for the personal care home complaint hotline posted by the telephones in the resident common area was not correct, it connected to another personal care home.

Plan of Correction

Do Not Accept () - 04/26/2023

During the survey, regulation 2600.91, was corrected and the appropriate contact numbers were re-listed for the resident's usage. Moving forward the emergency telephone number list will be checked monthly by the administrator or her designee for correct listing and placement.

Licensee's Proposed Overall Completion Date: 04/10/2023

91 - Telephone Numbers (continued)

Plan of Correction

Accept [redacted] - 05/05/2023)

During the survey, regulation 2600.91, Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management, and personal care home complaint hotline shall be posted on or by each telephone with an outside line was corrected and the appropriate contact numbers were added for the resident's usage in all public areas. Moving forward the emergency telephone number list will be checked weekly by the administrator or her designee for correct listing and placement. Residents and staff were educated on the correct number listing and where lists can be found.

Licensee's Proposed Overall Completion Date: 05/03/2023

Evidence of Completion

Implemented [redacted] - 07/07/2023)

See attached.

132b - Safety Inspection/Fire Drill

5. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The home's fire safety inspection and supervised fire drill conducted by a fire safety expert was held on 12/14/22. However, the previous fire safety inspection and supervised fire drill conducted by a fire safety expert was held on 11/4/21.

Plan of Correction

Do Not Accept [redacted] - 04/26/2023)

To ensure continued compliance with regulation 2600.132.b, the administrator will schedule all training at the beginning of the calendar year to ensure that all recertification dates occur in a timely manner. To date, the fire safety training has been scheduled for October 11, 2023, with the public education/ fire inspector for the city of Pittsburgh. The administrator or her designee will call the Bureau of Fire headquarters monthly to verify that we are still scheduled for the aforementioned date.

Licensee's Proposed Overall Completion Date: 04/10/2023

Plan of Correction

Accept [redacted] - 05/05/2023)

To ensure continued compliance with regulation 2600.132.b, a fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept, the administrator will schedule all training at the beginning of the calendar year to ensure that all recertification dates occur in a timely manner. To date, the fire safety training has been scheduled for October 11, 2023, with the public education/ fire inspector for the city of Pittsburgh, [redacted]. All staff has been educated on the importance and need for accurate and timely fire safety inspections. The administrator or her designee will call the Bureau of Fire headquarters monthly to verify that we are still scheduled for the aforementioned date.

Licensee's Proposed Overall Completion Date: 05/03/2023

Evidence of Completion

Implemented [redacted] - 07/07/2023)

See attached.

132e - Fire Drill Sleeping Hours

6. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The home's most recent sleeping hours fire drill was held on 10/10/22 at 6:00 a.m., however, the previous sleeping hours fire drill was held on 3/7/22 at 12:00 a.m.

Plan of Correction

Do Not Accept () - 04/26/2023)

To remain in continued compliance with regulation 132e, a fire drill shall be held during sleeping hours once every 6 months, and the maintenance department will monitor monthly fire drills and ensure that they occur within the correct time period. To date, the first sleeping hour's fire drill was held at 5:30 am on January 17th, 2023, and will occur again between June 1st and July 15th, 2023.

Licensee's Proposed Overall Completion Date: 04/13/2023

Plan of Correction

Directed () - 05/05/2023)

To remain in continued compliance with regulation 132e, a fire drill shall be held during sleeping hours once every 6 months, the maintenance department has been educated on the importance and will monitor monthly fire drills, to ensure that they occur within the correct time period. To date, the first sleeping hour's fire drill was held at 5:30 am on January 17th, 2023, and will occur again between June 1st and July 15th, 2023. Fire drills will be conducted and monitored monthly to ensure compliance.

DIRECTED

Within one calendar day of receipt of the accepted plan of correction: The administrator shall audit the fire drill record monthly to ensure compliance with Regulation 2600.132(e). 5/5/23 ()

Directed Completion Date: 05/06/2023

Evidence of Completion

Implemented () 07/07/2023)

The fire drill for May has not been completed yet. Scheduled to occur before the end of the month

132f - Alternate Exit Routes

7. Requirements

2600.

132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The South exit route was the only evacuation route used for fire drills held by the home to include:

- 2/9/22 at 12:35 a.m.
- 3/7/22 at 12:00 a.m.
- 4/18/22 at 10:50 a.m.
- 5/7/22 at 3:15 p.m.

Plan of Correction

Do Not Accept () - 04/26/2023)

In an effort to remain in compliance with regulation 2600.132.f, alternate exit routes shall be used during fire drills, maintenance will monitor monthly fire drills, and switch routes in a more efficient manner by not utilizing the same route more than twice in a row.

Licensee's Proposed Overall Completion Date: 04/13/2023

Plan of Correction

Directed () - 05/05/2023)

In an effort to remain in compliance with regulation 2600.132.f, alternate exit routes shall be used during fire drills, maintenance will monitor monthly fire drills, and switch routes in a more efficient manner by not utilizing the

132f - Alternate Exit Routes (continued)

same route more than twice in a row.

DIRECTED

Within one calendar day of receipt of the accepted plan of correction: The administrator shall audit the fire drill record monthly to ensure compliance with Regulation 2600.132(f). 5/5/23 ■

Directed Completion Date: 05/03/2023

Evidence of Completion

Implemented (■ - 07/07/2023)

The fire drill for May has not been completed yet. Scheduled to occur before the end of the month

161b - Well-Balanced Meals**8. Requirements**

2600.

161.b. At least three nutritionally well-balanced meals shall be offered daily to the resident. Each meal shall include an alternative food and drink item from which the resident may choose.

Description of Violation

On 3/17/23, at the lunchtime meal, pork, lemon butter egg noodles, peaches, and a baked roll was served to the residents. An alternative food was not available.

Plan of Correction

Do Not Accept (■ - 04/26/2023)

In an effort to guarantee that regulation 2600.161.6 is properly maintained and at least three nutritionally well-balanced meals shall be offered daily to the resident. Each meal shall include an alternative food and drink item from which the resident may choose, resident menus were adjusted immediately and alternates were made available. As well as an "always available" menu that offers food choices that can be prepared and provided immediately if a resident declines both the main and alternative meal. Menus and alternative meal availability will be monitored monthly at the delivery of menu selections; as well as daily to ensure availability by the administrator or her designee.

Licensee's Proposed Overall Completion Date: 04/13/2023

Plan of Correction

Accept (■ - 05/05/2023)

In an effort to guarantee that regulation 2600.161.6 is properly maintained and at least three nutritionally well-balanced meals shall be offered daily to the resident, with each meal shall including an alternative food and drink item from which the resident may choose, resident menus were adjusted immediately and alternates were made available. The dietary and personal care staff were educated on proper nutrition and an "always available" menu that offers food choices that can be prepared and provided immediately if a resident declines both the main and alternative meal was put in place. Menus and alternative meal availability will be monitored monthly at the delivery of menu selections; as well as daily to ensure availability by the administrator or her designee. Residents were informed of the "always available" menu and educated on how to order alternatives if they are offered a meal that they do not wish to eat.

Licensee's Proposed Overall Completion Date: 05/03/2023

Evidence of Completion

Implemented (■ - 07/07/2023)

See attached.

162c - Menus Posted**9. Requirements**

162c - Menu Posted (*continued*)

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's posted menus directly across the hall from the fifth-floor nurses station did not indicate any dates for the current or following week.

Plan of Correction**Do Not Accept** [REDACTED] - 04/26/2023)

Monitoring of the monthly menu, upon its delivery to the administrator or [REDACTED] designee, will occur to guarantee that regulation 2600.162.c remains intact and is being followed correctly. This will ensure that menus, stating the specific food being served at each meal, shall be prepared 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Licensee's Proposed Overall Completion Date: 04/13/2023

Plan of Correction**Accept** [REDACTED] - 05/05/2023)

To remain in compliance with regulation 2600.162.c, which states that menus, stating the specific food being served at each meal, shall be prepared 1 week in advance and shall be followed and Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home will be monitored weekly by the administrator and or [REDACTED] designee for presence and accuracy. Menus were updated and placed in a conspicuous area during the survey. PC and dietary staff were educated on the importance of regulation 2600.162c

Licensee's Proposed Overall Completion Date: 05/03/2023

Evidence of Completion**Implemented** [REDACTED] - 07/07/2023)

See attached.

162e - Menu Changes

10. Requirements

2600.

162.e. A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

Description of Violation

On 3/17/23 the posted menu for lunch indicated that the following menu items will be served:

Beef Pot Roast

Lemon Butter Egg Noodles

Peaches

Baked Roll

Beverage Choice

However, ancillary staff person E and resident interviews indicated the lunch menu for 3/17/23 was changed. The change to the lunch menu was not posted in a conspicuous and public place in the home in advance of the meal, and the residents were served pork instead of beef pot roast.

Plan of Correction**Accept** [REDACTED] - 04/26/2023)

Regulation 2600.162e will be monitored daily by the administrator or her designee to ensure that, a change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

162e - Menu Changes (continued)

Licensee's Proposed Overall Completion Date: 04/13/2023

Evidence of Completion

Implemented () - 07/07/2023)

See attached.

183e - Storing Medications

11. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 3/17/23 at approximately 3:10 p.m. resident #2's Artificial Tears Lubricant Eye Drops were opened and not dated. However, the manufacturer's instructions indicate to "dispose of unused drops within 30 days after opening."

Plan of Correction

Do Not Accept () - 04/26/2023)

Monthly monitoring of all eye drops and other medications will be conducted by the administrator or () designee to guarantee that regulation 2600.183.e, prescription medications, OTC medications, and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture, and light and in accordance with the manufacturer's instructions intact.

Licensee's Proposed Overall Completion Date: 04/13/2023

Plan of Correction

Directed () - 05/05/2023)

Weekly monitoring of all eye drops and other medications will be conducted by the administrator or () designee to guarantee that regulation 2600.183.e, prescription medications, OTC medications, and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture, and light and in accordance with the manufacturer's instructions intact.

The staff has also been educated to check all medications before administering them to ensure that they are not expired. Diamond Pharmacy will also check all meds monthly during cycle fill to ensure that all meds are within regulation and not expired.

DIRECTED

Within one calendar day of receipt of the accepted plan of correction: The administrator shall dispose of the Artificial Tears cited in the violation. 5/5/23 ()

Directed Completion Date: 05/06/2023

Evidence of Completion

Implemented () - 07/07/2023)

The administrator disposed of the eye drops on March 17th, 2023. Eye drops were ordered and replaced.

225c - Additional Assessment

12. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.

Description of Violation

Resident #3's current assessment is dated 9/8/22. However, resident #3's previous assessment was dated 6/16/21.

225c - Additional Assessment (*continued*)**Plan of Correction****Do Not Accept** [REDACTED] - 04/26/2023)

Regulation 2600.225.c. , which states that a resident shall have additional assessments annually, will be monitored monthly by the administrator or her designee to ensure continued compliance.

Licensee's Proposed Overall Completion Date: 04/13/2023

Plan of Correction**Directed** [REDACTED] - 05/05/2023)

Regulation 2600.225.c. , which states that a resident shall have additional assessments annually, will be monitored monthly by the administrator or her designee to ensure compliance and completion. All documentation of medical examination and MA-51 paperwork appointments will be scheduled 30 days prior to the expiration date of the prior year's documentation.

DIRECTED

Within five calendar day of receipt of the accepted plan of correction: The administrator shall audit all current resident records to ensure each resident has a current assessment completed and is in each resident record. 5/5/23 [REDACTED]

Directed Completion Date: 05/10/2023

Evidence of Completion**Implemented** [REDACTED] - 07/07/2023)

See attached.