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

July 16, 2024

[redacted], ADMINISTRATOR
UPMC SENIOR COMMUNITIES INC
896 WEATHERWOOD LANE
GREENSBURG, PA, 15601

RE: WEATHERWOOD MANOR
896 WEATHERWOOD LANE
GREENSBURG, PA, 15601
LICENSE/COC#: 44470

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/21/2024 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

Facility Information

Name: *WEATHERWOOD MANOR* **License #:** *44470* **License Expiration:** *02/25/2025*

Address: *896 WEATHERWOOD LANE, GREENSBURG, PA 15601*

County: *WESTMORELAND* **Region:** *WESTERN*

Administrator

Name: [redacted] **Phone:** [redacted] **Email:** [redacted]

Legal Entity

Name: *UPMC SENIOR COMMUNITIES INC*

Address: *896 WEATHERWOOD LANE, GREENSBURG, PA, 15601*

Phone: [redacted] **Email:** [redacted]

Certificate(s) of Occupancy

Type: *I-1* **Date:** *03/26/2013* **Issued By:** *Hempfield Twp.*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *79* **Waking Staff:** *59*

Inspection Information

Type: *Full* **Notice:** *Unannounced* **BHA Docket #:**

Reason: *Renewal* **Exit Conference Date:** *05/21/2024*

Inspection Dates and Department Representative

05/21/2024 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* **Residents Served:** *58*

Special Care Unit

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

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older:** *58*

Diagnosed with Mental Illness: *4* **Diagnosed with Intellectual Disability:** *0*

Have Mobility Need: *21* **Have Physical Disability:** *0*

Inspections / Reviews

05/21/2024 - Full

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *06/17/2024*

06/27/2024 - POC Submission

Submitted By: [redacted] **Date Submitted:** *07/11/2024*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *07/26/2024*

Inspections / Reviews *(continued)*

07/16/2024 - Document Submission

Submitted By: [redacted] **Date Submitted**: *07/11/2024*

Reviewer: [redacted] **Follow-Up Type**: *Not Required*

18 Other laws, regs, ordins.

1. Requirements

2800.
18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standards Act, enacted on 6-23-16, requires carbon monoxide alarms to be installed in close proximity to, but not less than 15 feet from, any fossil-fuel burning device or appliance. The closest Carbon Monoxide detectors were approximately 36 feet from the gas dryers in the 1st, 2nd, and 3rd floor laundry rooms.

REPEAT VIOLATION: 4/4/2024 et. al.

Plan of Correction ***Accept ([redacted] - 06/27/2024)***

A carbon monoxide detector has been installed outside of the 1st, 2nd and 3rd floor laundry rooms 15 feet from the gas dryers on 5/23/2024.
All other fossil-fuel burning devices or appliances were checked and determined to have a carbon monoxide detector installed in close proximity to, but not less than 15 feet on 5/23/2024.
The administrator educated the maintenance designee on that a carbon monoxide detector installed in close proximity to, but not less than 15 feet from the fossil fuel burning device or appliance on 6/10/2024. Documentation of the education will be maintained in accordance with 2800.65.l.
The administrator or designee will complete a monthly audit for three months to verify placement of a carbon monoxide detector remains in close proximity but not less than 15 feet from the fossil-fuel device or appliance beginning within 3 business days of the receipt of an approved plan of correction.
Audit findings will be reviewed by Administrator and/or designee monthly, beginning within 3 business days upon receipt of the acceptance of this plan of correction, will continue for 3 months or until substantial compliance

Licensee's Proposed Overall Completion Date: *07/10/2024*

Implemented ([redacted] - 07/16/2024)

103e Leftovers

2. Requirements

2800.
103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There were multiple bags of frozen spaghetti and frozen bananas that were opened and undated in the walk-in freezer.

Plan of Correction ***Accept ([redacted] - 06/27/2024)***

The identified bags of frozen spaghetti and bananas were disposed of on, 5/21/2024, the day of inspection. All other leftover/opened food in the walk-in freezer was inspected for proper labeling and a date on 5/21/2024.
The administrator or designee will educate the dietary manager, chefs, and dietary employees that all opened food in the freezer must be labeled and dated once opened as indicated by 7/10/2024. Documentation of the education will be maintained in in accordance with 2800.65.l.

103e Leftovers (continued)

The dietary manager will complete a weekly audit for one month and then monthly for three months of the walk-in freezer to confirm that all leftover/opened food in the walk-in freezer is labeled and dated as indicated. Audits will begin within 3 business days of the receipt of an approved plan of correction.
Audit findings will be reviewed by Administrator and/or designee monthly, beginning within 3 business days upon receipt of the acceptance of this plan of correction, will continue for 3 months or until substantial compliance is achieved.

Licensee's Proposed Overall Completion Date: *07/10/2024*

Implemented ([redacted] - 07/16/2024)

185a Storage procedures

3. Requirements

2800.
185.a. The residence 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 #1 is prescribed Atropine Sulfate 1% - 2 drops under the tongue every hour as needed for secretions. This medication was not available in the home.

REPEAT VIOLATION: 4/4/2024 et. al.

Plan of Correction ***Accept ([redacted] - 06/27/2024)***

The unavailable Atropine Sulfate 1% is part of the hospice emergency kit orders for Resident #1. As of 5/22/2024, The Atropine Sulfate 1% is available in the facility for Resident #1.
The emergency kits for all other hospice residents were reviewed on 6/11/2024 and all ordered medications were confirmed to be available.
The Director of Resident Care or designee will educate all RNs, LPNs, and medication technicians regarding the need to ensure all residents receiving hospice services have ordered medications available. Education will be completed by July 10, 2024. Documentation of the education completion will be maintained in accordance with 2800.65.l.
The Director of Resident Care or designee will audit hospice resident orders weekly for one month and then monthly for three months to confirm the ordered medications are available for distribution beginning within 3 business days of receipt of an approved plan of correction.
Audit findings will be reviewed by Administrator and/or designee monthly, beginning within 3 business days upon receipt of the acceptance of this plan of correction, will continue for 3 months or until substantial compliance is achieved.

Licensee's Proposed Overall Completion Date: *07/10/2024*

Implemented ([redacted] - 07/16/2024)

187a Medication record

4. Requirements

2800.

187a Medication record *(continued)*

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
4. Strength.
6. Dose.

Description of Violation

Resident #2 is prescribed Novolog by straight order and sliding scale; however, the May 2024 medication administration record (MAR) for resident #2's Novolog does not include the strength of Novolog to administer.

Staff administers Bactrim 800 mg/ 160 mg – ½ tablet at bedtime to resident #3. However, according to resident #3's May 2024 MAR, staff administers Bactrim 400mg/ 80mg – 1 tablet at bedtime.

Plan of Correction ***Accept ([redacted] - 06/27/2024)***

The strength of the Novolog straight and sliding scale order to be administered was added to the MAR for Resident #2 on 6/10/20224.
The Bactrim order for Resident #3 was corrected on 5/22/2024 to read Bactrim 800mg/160mg – ½ tablet at bedtime. A change of direction sticker to confirm the correct order remains on the medication bottle.
Resident MARs were reviewed on 6/10/2024 to confirm the strength and the dosages of medication were noted as indicated.
The Director of Resident Care or designee will educate the RNs, LPNs, and medication technicians regarding the need to confirm that the MAR includes the strength and dosages of the medication are noted as indicated by 7/10/2024.
Documentation of the education will be maintained in accordance with 2800.65.l.
The Director of Resident Care or designee will audit 5 resident MARs per week for one month and then monthly for three months to confirm that the MAR includes the strength and dosages of the medication as indicated that beginning within 3 business days of receipt of an approved plan of correction.
Audit findings will be reviewed by Administrator and/or designee monthly, beginning within 3 business days upon receipt of the acceptance of this plan of correction, will continue for 3 months or until substantial compliance is achieved.

Licensee's Proposed Overall Completion Date: *07/10/2024*

Implemented ([redacted] - 07/16/2024)

227d Support plan – med/dental

5. Requirements

2800.
227.d. Each residence shall document in the resident's final support plan the dietary, medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a residence to pay for the cost of these medical and behavioral care services. The final support plan must document the assisted living services and supplemental health care services, if applicable, that will be provided to the resident.

Description of Violation

A bedside mobility device was attached to resident #3s bed frame; however, the resident's most recent support plan, dated [redacted] does not address the specific need for the device, the intended use of the device, any risks associated

227d Support plan – med/dental (continued)

with the device, the resident's ability to use the device safely for the intended purpose, identification of the specific device to be used, or if a cover is required to meet FDA guidelines.

Plan of Correction ***Accept (- 06/27/2024)***

The support plan for resident #3 was updated on 5/22/2024 to include the specific need for the device, the intended use of the device and any risks associated with the device, the resident's ability to use the device safely for the intended purpose, identification of the specific device to be used, or if a cover is required to meet FDA guidelines.
All support plans of residents using a bedside mobility device were reviewed to ensure the support plans included the specific need for the device, the intended use of the device and any risks associated with the device, the resident's ability to use the device safely for the intended purpose, identification of the specific device to be used, or if a cover is required to meet FDA guidelines.
The administrator or designee will educate the Director of Resident Care, Resident Support Coordinator, RNs and LPNs that the support plan for any resident using a bed mobility device must have the specific need for the device, the intended use of the device, any risks associated with the device, the resident's ability to use the device safely for its intended purpose, identification of the specific device to be used, or if a cover is required to meet FDA guidelines by 7/10/2024. Education completion documentation will be maintained in accordance with 2800.65.l.
The Director of Resident Care or designee will audit all support plans of any resident using a bed mobility device monthly for three months to confirm that the support plan includes the specific need for the device, the intended use of the device and any risks associated with the device, the resident's ability to use the device safely for the intended purpose, identification of the specific device to be used, or if a cover is required to meet FDA guidelines.
Audit findings will be reviewed by Administrator and/or designee monthly, beginning within 3 business days upon receipt of the acceptance of this plan of correction, will continue for 3 months or until substantial compliance is achieved.

Licensee's Proposed Overall Completion Date: *07/10/2024*

Implemented (- 07/16/2024)