

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

February 11, 2025

[REDACTED]
PENNWOOD NURSING AND REHABILITATION CENTER LLC
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/02/2025 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: PENNWOOD NURSING AND REHABILITATION CENTER **License #:** 45019 **License Expiration:** 07/21/2025
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: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 7 **Waking Staff:** 5

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 01/02/2025

Inspection Dates and Department Representative

01/02/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 10 **Residents Served:** 7

Secured Dementia Care Unit

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

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 7 **Are 60 Years of Age or Older:** 2
Diagnosed with Mental Illness: 7 **Diagnosed with Intellectual Disability:** 2
Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

01/02/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 01/19/2025

01/31/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 02/10/2025
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/05/2025

Inspections / Reviews *(continued)*

02/07/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/10/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/12/2025

02/11/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/10/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

60a - Staff/Support Plan

1. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On [redacted], direct care staff person A worked alone from 11:00 p.m. until 7:00 a.m. on [redacted] and was not qualified to pass prescribed pro re nata (PRN) medications if requested by the home's residents.

Plan of Correction

Accept [redacted] - 02/07/2025)

In response to the violation on [redacted] by the Department of Human Services of Pennsylvania licensing, immediate action was taken on 1/2/2025 by the Administrator and an audit was performed by going through all staff persons folders assuring that Med Tech trainings were available and up to date as well notifying all staff persons that 11pm to 7am shifts cannot be filled by any staff that is not Med Tech trained. On 1/3/2025 the Administrator contacted several Train the Trainers to, no avail and got in touch with Trian the Trainer from Walden View Personal Care Home, on 1/29/2025 to set up a Med Tech training. Training and observations will be completed by 2/9/2025. An education will consist of online Med Tech modules that start on 1/29/2025 by the Administrator and staff persons. Monitoring will start upon admission of newly hired staff persons and every 4 months for working staff by the Administrator. In addition, all staff persons will meet the needs of the residents by qualifying as a Certified Med Tech. To comply with regulation 60a, there will always be at least one qualified staff on duty.

Licensee's Proposed Overall Completion Date: 02/05/2025

Implemented [redacted] - 02/11/2025)

141b1 - Annual Medical Evaluation

2. Requirements

2600.

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

Description of Violation

Resident [redacted] annual medical evaluation, dated [redacted], was missing information in multiple fields to include: type of evaluation, height, and temperature, those areas of the form were left blank. Additionally, the resident's medical evaluation indicated "Yes" for Immunization history, but the fields for [redacted] and influenza date were left blank.

Resident [redacted] annual medical evaluation, dated 9/20/24, indicated "Yes" for Immunization history, but the fields for [redacted] date and influenza date were left blank.

Plan of Correction

Accept [redacted] - 02/07/2025)

In response to the violation of Resident's [redacted] annual medical evaluation, dated [redacted] that was missing information in multiple fields such as height, temperature and type of evaluation were left blank, and Resident [redacted] annual medical evaluation, dated 9/20/24, where the immunization history dates were left blank. Immediate action was taken by filling those fields in with the appropriate responses and dates for immunization history on 1/2/2025 by the Administrator. An audit was also done on 1/2/2025 by meticulously scanning all seven residents' charts to make sure all fields were filled in correctly. An education was done with the Staff and the Administrator by having a lecture on how important double checking and two sets of eyes on completing a task helps prevent mistakes. Monitoring started on 1/3/2025 by having another staff person look over all charts any fields that required a response, making sure

141b1 Annual Medical Evaluation (continued)

that they were filled and filled correctly. We will monitor annually.

Licensee's Proposed Overall Completion Date: 02/07/2025

Implemented [redacted] - 02/11/2025)

225c - Additional Assessment

3. Requirements

2600.

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

- 1. Annually.

Description of Violation

Resident [redacted] annual assessment, dated [redacted], did not indicate an assessed level of need for multiple categories to include: eating, drinking, transferring in/out of bed/chair, and toileting, those areas were left incomplete.

Plan of Correction

Accept [redacted] - 02/07/2025)

In response to the violation of Resident [redacted] annual assessment, dated [redacted] that did not indicate an assessed level of need for categories that include, eating, drinking, transferring in/out of bed/ chair, and toileting, were areas that were left incomplete. Immediate action was taken by filling those fields in with the appropriate responses on 1/2/2025 by the Administrator. An audit was also done on 1/2/2025 by meticulously scanning all [redacted] residents' charts to make sure all fields were filled in correctly. An education was done with the Staff and the Administrator by having a lecture on how important double checking and two sets of eyes on completing a task helps prevent mistakes. Monitoring started on 1/3/2025 by having another staff person look over all charts any fields that required a response, making sure that they were filled and filled correctly. We will monitor annually.

Licensee's Proposed Overall Completion Date: 02/07/2025

Implemented [redacted] - 02/11/2025)

227c - Support Plan Revision

4. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident [redacted] annual support plan, dated 9/9/24, did not indicate a responsible party for the assessed medical diagnosis of [redacted], and assessed mental health diagnosis of [redacted] those areas were left incomplete.

Plan of Correction

Accept [redacted] - 02/07/2025)

In response to the violation for Resident [redacted] annual support plan, dated [redacted] that did not indicate a responsible party for the medical diagnosis of [redacted] and assessed mental health diagnosis of [redacted], those areas were left incomplete. Immediate action was taken by filling those fields in with the appropriate responses on 1/2/2025 by the Administrator. An audit was also done on 1/2/2025 by meticulously scanning all seven residents' charts to make sure all fields were filled in correctly. An education was done with the Staff and the Administrator by having a lecture on how important double checking and two sets of eyes on

227c Support Plan Revision (continued)

completing a task helps prevent mistakes. Monitoring started on 1/3/2025 by having another staff person look over all charts any fields that required a response, making sure that they were filled and filled correctly. We will monitor annually.

Licensee's Proposed Overall Completion Date: 02/07/2025

Implemented [REDACTED] 02/11/2025)