

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

June 18, 2025

[REDACTED]
SENECA MANOR, LLC
[REDACTED]

RE: SENECA MANOR
5340 SALTSBURG ROAD
VERONA, PA, 15147
LICENSE/COC#: 45549

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/10/2025, 04/17/2025 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: *SENECA MANOR* License #: *45549* License Expiration: *04/01/2025*
 Address: *5340 SALTSBURG ROAD, VERONA, PA 15147*
 County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *SENECA MANOR, LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *04/14/2010* Issued By: *Municipality of Penn Hills*

Staffing Hours

Resident Support Staff: *67* Total Daily Staff: *169* Waking Staff: *127*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: *04/17/2025*

Inspection Dates and Department Representative

04/10/2025 - On-Site: [REDACTED]
 04/17/2025 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *100* Residents Served: *67*

Special Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *9*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *67*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *35* Have Physical Disability: *0*

Inspections / Reviews

04/10/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/05/2025*

05/12/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *06/17/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/15/2025*

Inspections / Reviews *(continued)*

05/21/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/17/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/30/2025

06/18/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/17/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

42b Abuse/Neglect

1. Requirements

2800.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Staff person A reportedly was angry at resident [REDACTED], claiming the resident had previously complained to [REDACTED] family that [REDACTED] did not get [REDACTED] medicine. On [REDACTED], at approximately 11:00 p.m., staff person A entered resident [REDACTED] living unit and repeatedly demanded to see the resident's phone to see who [REDACTED] was calling. When the resident asked why, staff person A accused the resident of calling [REDACTED] family again. Staff Person A told the resident to get out of bed immediately, put [REDACTED] shoes on because they were going to go to the medication room. The medication is on the 1st floor and the resident's room is on the 3rd floor. The resident was not provided [REDACTED] prescribed oxygen for this trip to the medication room. When they got to the 1st floor, staff person A took the resident inside the medication room where there were multiple staff present. Staff person A said to the resident "Do you have something to ask me?" Resident [REDACTED] asked "Can I have my pill?" Staff person A provided medication and then told the resident to "Go now." The resident returned to [REDACTED] living unit by [REDACTED]. Resident [REDACTED] was fearful, felt belittled and was short of breath and dizzy because [REDACTED] did not have [REDACTED] prescribed oxygen with [REDACTED]

Repeat violation: [REDACTED]

Plan of Correction

Accepted [REDACTED] - 05/21/2025)

Staff person A was terminated from the facility on [REDACTED]. Resident [REDACTED] has been offered counseling services. All staff will be educated on the facility abuse policies by the Administrator. The Administrator or designee will interview three residents weekly for four weeks for abuse concerns. Expected completion date June 16, 2025.

5/15/25

Staff person A was terminated from the facility on 4/21/25. Resident 1 has been offered counseling services. All staff will be educated on the facility abuse policies, and caring for residents with cognitive impairments. Education will be completed by July 1, 2025.

The administrator/designee will observe direct care of five residents 5x week for one week, then three residents weekly x 8 weeks.

The administrator/designee will audit all medication administration staff at least once to ensure that staff are respectfully and competently assisting residents with medication administration.

Licensee's Proposed Overall Completion Date: 07/01/2025

Implemented [REDACTED] - 06/18/2025)

187b Date/time of med admin

2. Requirements

2800.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

The medication administration record (MAR) for resident [REDACTED] was not initialed by staff for multiple medications on

187b Date/time of med admin (continued)

[REDACTED], at 8:00 p.m., including the following:

[REDACTED]

Plan of Correction

Accept [REDACTED] - 05/12/2025

All medication administration staff will be educated on the facility medication administration policy and documentation requirements by the Staff RN. All medication administration staff will be observed at least once for proper administration techniques and educated if needed by the staff RN. The Administrator/designee will audit medication documentation once weekly for all shifts to ensure medications are documented in the medical record correctly. Expected completion date June 16, 2025.

Licensee's Proposed Overall Completion Date: 06/16/2025

Implemented (JD - 06/18/2025)

227d Support plan – med/dental

3. 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

The initial assessment for resident [REDACTED], dated [REDACTED], indicates the diagnoses of [REDACTED]. However, the support plan does not address how to meet the resident's medical need for [REDACTED] at 2 LPM via nasal canula as needed for shortness of breath with exertion, as ordered by the resident's physician on [REDACTED]

Repeat violation: [REDACTED]

Plan of Correction

Accept [REDACTED] - 05/12/2025

Resident [REDACTED] support plan will be corrected to include oxygen use as needed by the Resident Support Coordinator. All residents receiving oxygen will have their support plans audited by Staff RN to ensure oxygen use is included. The Administrator/designee will audit all new admissions for 30 days to ensure residents receiving oxygen have appropriate support plans in place. Expected completion date June 16, 2025.

Licensee's Proposed Overall Completion Date: 06/16/2025

Implemented [REDACTED] - 06/18/2025

227g Support plan signatures

4. Requirements

2800.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

The initial assessment and support plan for resident [redacted] dated [redacted] was not signed and dated by the staff person who completed the document, nor was it signed by the resident or was an indication that the resident did not participate or refused to sign.

Plan of Correction

Accept [redacted] - 05/12/2025)

Resident [redacted] support plan will be corrected and signed by the staff person who completed the document, and reviewed and signed by the resident/POA. Resident Service Coordinator will be reeducated by the Administrator on the support plan signature requirements. All resident support plans will be audited for proper staff and resident signatures and corrected as necessary by the staff RN. The Administrator/designee will audit all new admissions for proper signatures once weekly. Expected completion date June 16, 2025.

Licensee's Proposed Overall Completion Date: 06/16/2025

Implemented ([redacted]) - 06/18/2025)