



Pennsylvania Department of Human Services

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: NOVEMBER 3, 2025

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

RE: Pennwood Nursing and Rehabilitation
Center
License #: 450191

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on July 9, 2025, July 10, 2025, and August 25, 2025, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby **REVOKES** your certificate of compliance (450190) dated July 21, 2025 – July 21, 2026, you a **FIRST PROVISIONAL** license to operate the above facility. A **FIRST PROVISIONAL** license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) and 55 Pa. Code § 20.71(a)(2); (3); (4) (relating to conditions for denial, nonrenewal or revocation). Your **FIRST PROVISIONAL** license is enclosed and is valid from **NOVEMBER 3, 2025** to **MAY 3, 2026**.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a **PROVISIONAL** license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your **PROVISIONAL** license, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED]
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Forum Place, 6th Floor
PO Box 2675
Harrisburg, PA 17105-2675
PH: 717-265-8942

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[REDACTED]

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

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]

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: *Dept of Health*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *13* Waking Staff: *10*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *07/10/2025*

Inspection Dates and Department Representative

07/09/2025 - On-Site: [REDACTED]
07/10/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

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

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *2*
Diagnosed with Mental Illness: *10* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *3* Have Physical Disability: *0*

Inspections / Reviews

07/09/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/28/2025*

08/06/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/04/2025

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 08/12/2025

10/17/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/18/2025

Reviewer: [REDACTED]

Follow-Up Type: Exception

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 7/9/25 at approximately 12:00 p.m., there was no carbon monoxide detector in the home's mechanical room which had five gas operated hot water tanks and a gas operated boiler system for the building's heat.

Plan of Correction

Accept [REDACTED] 08/06/2025)

In response to the violation on 7/9/2025 at 12:00pm, stating there was no carbon monoxide detector in the homes mechanical room, by the Department of Human services of Pennsylvania Licensing, immediate action was taken by Maintenance on 7/9/2025 and carbon monoxide detectors were installed in the mechanical room in close proximity of, but not less than 15 feet from, any fossil fuel-burning device or appliance. An education was given to Maintenance on 7/9/2025 by the Administrator in accordance with 2600. 18 to ensure that Maintenance understands Applicable Health and Safety Laws. Monitoring started on 7/9/2025 by the Administrator and Maintenance by making sure they were installed correctly and tested for the alarm to sound and photos taken to show that the violation was corrected. An audit will be done annually by the Administrator.

Licensee's Proposed Overall Completion Date: 08/02/2025

Implemented [REDACTED] 10/17/25)

51 - Criminal Background Check

2. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person C, hired [REDACTED] 25, did not have a criminal background check requested until 7/9/25.

Plan of Correction

Accept [REDACTED] 08/06/2025)

In response to the violation on 7/9/2025, by the Department of Human Services of Pennsylvania Licensing, regarding Staff person C, hired [REDACTED] 25, which did not have a criminal background check requested until 7/9/25, immediate action was taken by the Administrator and a background check was requested on 7/9/2025. An education was given to the staff on 7/10/25, by the Administrator, in accordance with 2600.51 ensuring that all understand that Criminal History Checks and hiring policies shall be in accordance with the Older Protective Services Act, etc. Monitoring started on 7/9/25 by the Administrator by review all staff records making sure that they have background checks in accordance with Older Adult Protective Services. An audit will be done annually by the Administrator.

Licensee's Proposed Overall Completion Date: 08/02/2025

Implemented [REDACTED] 10/17/25)

64a - Admin Training

3. Requirements

2600.

64.a. Prior to initial employment as an administrator, a candidate shall successfully complete the following:

- 3. A Department-approved competency-based training test with a passing score.

Description of Violation

Direct care staff person A, the home administrator, hired on [REDACTED] 24, had no verification of passing the Department approved competency test.

Plan of Correction

Accept ([REDACTED] 08/06/2025)

In response to the violation on 7/9/25 by the Department of Human Services of Pennsylvania Licensing, regarding direct care staff person A, [REDACTED] hired on [REDACTED] 24, had no verification of passing the Department approved competency test, was scheduled on 7/9/25 to be addressed on 8/2/25 by the administrator by registering for and completing the DHS/ Temple University Direct Care Staff Training and Competency Test. An education was given to the administrator by reading and reviewing the 2600.64a regulation ensuring that the Administrator understands that prior to initial employment as an administrator, a candidate shall successfully complete a department approved competency based training test with a passing score. Monitoring was done on 7/10/25 by the Administrator by reviewing staff records to make sure all staff is in accordance with 2600.64a. An audit will be done annually.

Licensee's Proposed Overall Completion Date: 08/02/2025

Not Implemented [REDACTED] 10/17/25)

65i - Training Record

5. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The record of training for staff person B's initial orientation and first working week's training did not indicate who provided the training or the date the training was provided.

Plan of Correction

Accept [REDACTED] - 08/06/2025)

In response to the violation on 7/9/25 by the Department of Human Services of Pennsylvania Licensing, regarding the record of training for staff person B's initial orientation and first working weeks training did not indicate who provided the training or the date the training was provided. Immediate action was taken on 7/9/25 by the administrator completing the record of training in its entirety with staff person B's initials, signature of who provided the training and dates of training. An education was given on 7/9/25 to staff by the Administrator in accordance with 2600.65i, ensuring that all understand, a record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept in the staff's records. Monitoring began on 7/9/25 by the administrator by reviewing staff person B's records, making sure all fields, signatures and dates are accurate and complete. An audit will be done annually by the Administrator.

Licensee's Proposed Overall Completion Date: 08/03/2025

Implemented [REDACTED] 10/17/25)

85d - Trash Receptacles

6. Requirements

2600.

85d - Trash Receptacles (continued)

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 7/9/25 at approximately 1:32 p.m. resident room [REDACTED] belonging to resident #1, and resident #2, had no lid on the 15-gallon black plastic foot pedal operated trash can located in front of the resident's bedroom sink.

Plan of Correction

Accept [REDACTED] 08/18/2025)

In response to the violation on 7/9/25 at 1:32pm, by the Department of Human Services of Pennsylvania Licensing, regarding the resident room [REDACTED] belonging to resident #1 and resident #2, had no lid on the 15-gallon black plastic foot pedal operated trash can located in front of the resident's bedroom sink. Immediate action was taken on 7/9/25 by the administrator locating the detachable lid that belongs on the can and attached it, which covered the trash can correctly preventing any penetration of rodents or insects. An education was given on 7/9/25 to staff by the Administrator in accordance with 2600.85d, ensuring that all understand, trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents. Monitoring of the trash can lids being on and closed began on 7/9/25 by the Administrator and staff monthly by checking resident room [REDACTED] other bedrooms and kitchen, to make sure the lid stays on at all times, covering the trash can. An audit /monitoring will be done monthly by the Administrator and staff and kept in a locked common area accessible to all staff and administration.

Licensee's Proposed Overall Completion Date: 08/15/2025

Not Implemented [REDACTED] 10/17/25)

88a - Surfaces

7. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 7/9/25 at approximately 1:35 p.m., the tan colored vinyl composite tile (VCT) floor in resident room [REDACTED] belonging to resident #3, and resident #4, was extremely sticky causing your shoes to stick to the floor and making it very difficult for the residents to walk and navigate within the room.

On 7/9/25 at approximately 1:45 p.m., there was damage to the 12"x 12" tan colored vinyl composite tile (VCT) with an approximate 6"x 9" piece of VCT broken off and missing exposing the adhesive, dirt, and other objects stuck to the adhesive in the shared half-bathroom of resident room # [REDACTED] belonging to resident #1, and resident #2.

Plan of Correction

Accept [REDACTED] 08/18/2025)

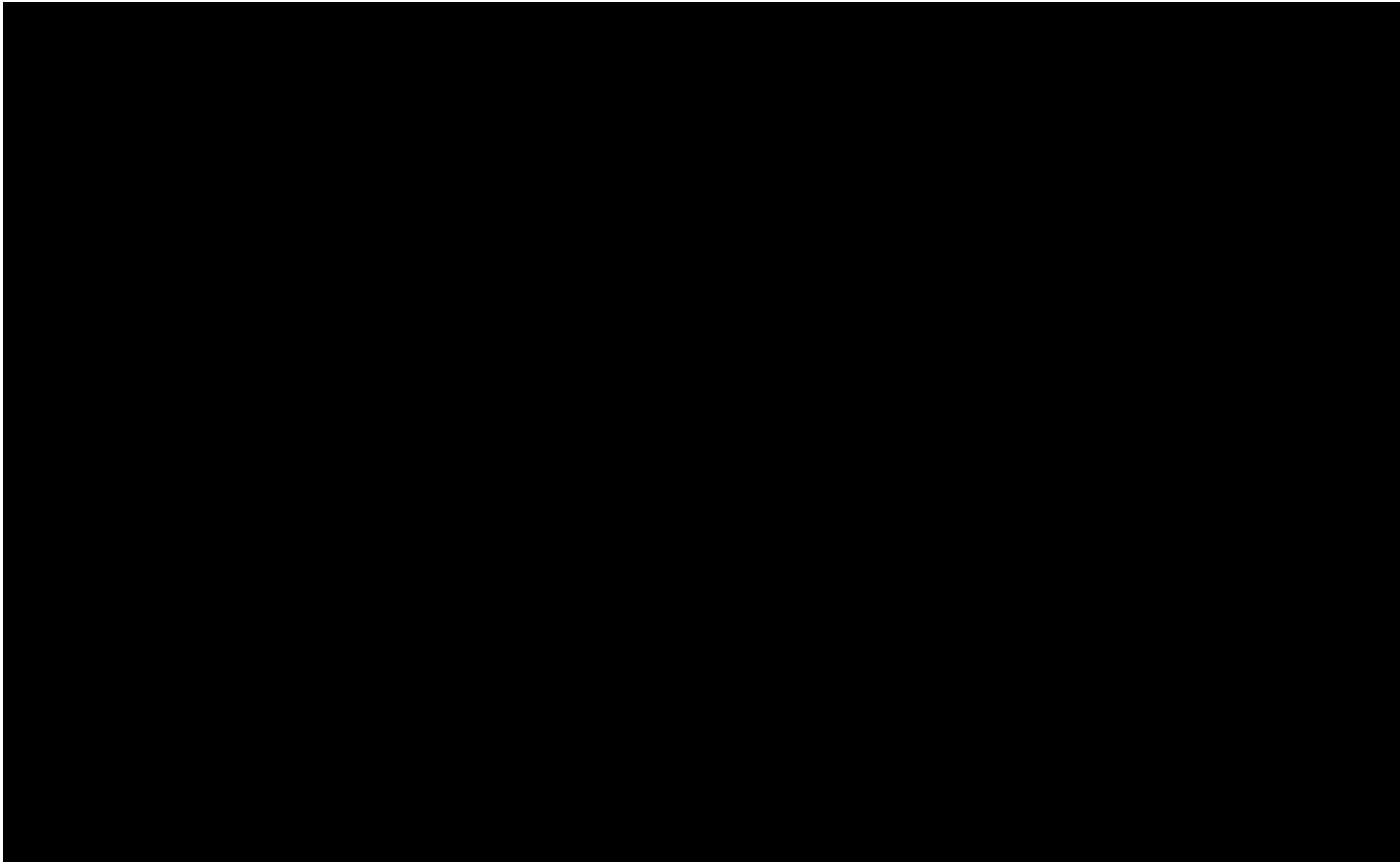
In response to the violation on 7/9/25 at 1:35pm and 1:45pm, by the Department of Human Services of Pennsylvania Licensing, regarding the tan colored vinyl composite tile (VCT) floor in resident room #508 belonging to resident #3, and resident #4, was extremely sticky causing your shoes to stick to the floor and making it very difficult for the residents to walk and navigate within the room as well as damage to the 12"x 12" tan colored vinyl composite tile (VCT) with an approximate 6"x 9" piece of VCT broken off and missing exposing the adhesive, dirt, and other objects stuck to the adhesive in the shared half-bathroom of resident room [REDACTED] belonging to resident #1, and resident #2. Immediate action was taken on 7/9/25 by the Administrator by placing an order for Maintenance persons to strip and wax the sticky floor by 8/10/25 and replace the tiles in the bedroom referenced by 8/20/25. An education was given and completed on 7/9/25 to staff persons by the Administrator in accordance with 2600. 65i and. ensuring

88a - Surfaces (continued)

that staff understands that floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards. Monitoring began on 8/10/25 by the Administrator to confirm completion of resident room [redacted] to make sure the floor was stripped and waxed, eliminating the stickiness and that the materials and workers are on schedule for the tile repair in room #508 to be completed by 8/20/25. An audit to ensure that all surfaces are in good repair and free of hazard will start on 8/10/25 and be done every six months by the Administrator.

Licensee's Proposed Overall Completion Date: 08/15/2025

Not Implemented [redacted] 10/17/25)



95 - Furniture and Equipment

9. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 7/9/25 at approximately 1:44 p.m., the chrome towel bar was partially attached to the left wall next to the sink in resident room [redacted] belonging to resident #1, and resident #2. The chrome towel bar was missing the left side bracket and was being balanced on one of the plastic plugs that were sticking out of the plaster wall. The unattached bracket was partially wrapped in a white colored washcloth and laying on the corner of the sink.

On 7/9/25 at approximately 1:45 p.m., the electrical box with a light switch located on the left wall next to the sink in resident room [redacted] belonging to resident #1, and resident #2, was coming out of the wall. There was an approximate 3/8" to 1/2" gap between the cover plate and the wall located directly under the paper towel holder/dispenser.

95 - Furniture and Equipment (continued)

Plan of Correction

Accept [REDACTED] 08/18/2025)

In response to the violation on 7/9/2025 at:44 pm, by the Department of Human Services of Pennsylvania Licensing, the chrome towel bar was partially attached to the left wall next to the sink in resident room [REDACTED] belonging to resident #1, and resident #2. The chrome towel bar was missing the left side bracket and was being balanced on one of the plastic plugs that were sticking out of the plaster wall. The unattached bracket was partially wrapped in a white colored washcloth and laying on the corner of the sink.

And at 1:45pm the electrical box with a light switch located on the left wall next to the sink in resident room [REDACTED] belonging to resident #1, and resident #2, was coming out of the wall. There was an approximate 3/8" to 1/2" gap between the cover plate and the wall located directly under the paper towel holder/dispenser.

Immediate action was taken on 7/9/25 by the Administrator locating Maintenance and putting a work order in to install the chrome towel bar securely and correctly in room [REDACTED] and to secure the electrical box by making sure there are no gaps between the cover plate. An education was given to the staff on 7/10/25, by the Administrator, in accordance with 2600.95, ensuring that all understand that furniture and equipment must be in good repair, clean and free of hazards. Monitoring began on 7/10/25 by the Administrator following up on to make sure all work was done correctly and in accordance with 2600.95. An audit to ensure the furniture and equipment must be in good repair, clean and free of hazards will start on 7/15/25 and be done every six months by the Administrator.

Licensee's Proposed Overall Completion Date: 08/15/2025

Not Implemented [REDACTED] 10/17/25)

105g - Lint Removal and Duct Cleaning

10. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 7/9/25 at approximately 1:15 p.m., there was approximately a 1/4" to 1/2" of gray/white colored dryer lint attached to the back of the Huebsch and Speed Queen commercial grade dryers, the ceiling, the floor, the wall and the metal flue pipe that was venting an adjacent AC Smith hot water tank in the washer/dryer room located on the 5th floor.

Plan of Correction

Accept [REDACTED] 08/18/2025)

In response to the violation on 7/9/2025 at 1:15 pm, by the Department of Human Services of Pennsylvania Licensing, there was approximately a 1/4" to 1/2" of gray/white colored dryer lint attached to the back of the Huebsch and Speed Queen commercial grade dryers, the ceiling, the floor, the wall and the metal flue pipe that was venting an adjacent AC Smith hot water tank in the washer/dryer room located on the 5th floor.

Immediate action was taken on 7/9/25 by the Administrator removing all of the lint, from the ceiling, floor, wall and metal pipes and taking photos to show that it is properly removed. An education was given to the staff on 7/10/25, by the Administrator, in accordance with 2600.105g, ensuring that all understand that to reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions. Monitoring began on 7/10/25 by the Administrator following up on to make sure all lint was removed from the surfaces mentioned and that there is no fire hazard. An audit will start on 7/10/25 and be done every six months by the Administrator.

Licensee's Proposed Overall Completion Date: 08/15/2025

Not Implemented [REDACTED] 10/17/25)

132a - Monthly Fire Drill

11. Requirements

- 2600.
- 132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

The home had no record or evidence of a fire drill being conducted from August 2024 through December 2024.

Plan of Correction

Accept [redacted] - 08/18/2025)

In response to the violation on by the Department of Human Services of Pennsylvania Licensing, regarding the home had no record or evidence of a fire drill being conducted from August 2024 through December 2024. Immediate action was taken on 7/10/25 by the Administrator retrieving the fire drill records that were in another folder and included them in a clean organized current binder making sure that all records of the fire drills from August 2024 to December 2024 are present and legible in one current binder. An education was given to the staff on 7/10/25, by the Administrator, in accordance with 2600.132a, ensuring that all understand that an unannounced fire drill shall be held at least once a month. Monitoring began on 7/10/25 by the Administrator to make sure all fire drills are scheduled, drilled and together in one binder. An audit will start on 7/10/25 be done monthly by the Administrator.

Licensee's Proposed Overall Completion Date: 08/15/2025

Not Implemented [redacted] - 10/17/25)

132b - Safety Inspection/Fire Drill

12. 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 has not had a fire safety inspection and fire drill conducted by a fire safety expert since 10/11/23.

Plan of Correction

Accept [redacted] - 08/06/2025)

In response to the violation on by the Department of Human Services of Pennsylvania Licensing, regarding the home has not had a fire safety inspection and fire drill conducted by a fire safety expert since 10/11/23. Immediate action was taken on 7/10/25 by the Administrator by contacting a fire safety expert and scheduling a date of 8/15/2025 for a fire safety inspection and drill to be conducted and recorded. An education was given to the staff on 7/10/25, by the Administrator, in accordance with 2600.132b, ensuring that all understand a fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Monitoring began on 7/10/25 by the Administrator to make sure the fire safety inspection and drills are scheduled. An audit will be done annually by the Administrator.

Licensee's Proposed Overall Completion Date: 08/03/2025

Not Implemented [redacted] 0/17/25)

132e - Fire Drill Sleeping Hours

13. Requirements

- 2600.
- 132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The most recent fire drill conducted during sleeping hours was on 6/13/24 at 5:45a.m.

Plan of Correction

Accept [redacted] - 08/18/2025)

In response to the violation on by the Department of Human Services of Pennsylvania Licensing, regarding the

132e - Fire Drill Sleeping Hours (continued)

most recent fire drill conducted during sleeping hours was on 6/13/24 at 5:45am. Immediate action was taken on 7/10/25 by the Administrator by creating a schedule to preform fire drills at sleeping hours every six months. An education was given to the staff on 7/10/25, by the Administrator, in accordance with 2600.132e, ensuring that all fire drills shall be held during sleeping hours once every 6 months. Monitoring began on 7/10/25 by the Administrator to make sure fire drills are scheduled and being conducted during sleep hours every six months. An audit will start on 7/10/25 and be done every six months by the Administrator.

Licensee's Proposed Overall Completion Date: 08/15/2025

Not Implemented [redacted] 10/17/25)

162c - Menus Posted

14. Requirements

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

On 7/9/25 at approximately 11:41 a.m., the menus posted in the personal care home section on the fifth-floor common area posting board were for dates ranging from 6/1/25 to 6/22/25. The present and following weeks were not posted.

Plan of Correction

Accept [redacted] 08/18/2025)

In response to the violation 7/9/25, at 11:41am by the Department of Human Services of Pennsylvania Licensing, regarding the menus posted in the personal care home section on the fifth-floor common area posting board were for dates ranging from 6/1/25 to 6/22/25. The present and following weeks were not posted. Immediate action was taken on 7/9/25 by the Administrator by getting current and future menus printed out by the dietary director and posted the appropriate dated menus in the conspicuous and public place. An education was given to the staff on 7/10/25, by the Administrator, in accordance with 2600162c, ensuring that all understand 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. Monitoring began on 7/10/25 by the Administrator to make sure that the menus are posted in the correct place, in advance and with the current dates. An audit will start on 7/10/25 and be done every six months by the Administrator.

Licensee's Proposed Overall Completion Date: 08/15/2025

Not Implemented [redacted] 10/17/25)

183d - Prescription Current

15. 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

On 7/10/25 at approximately 11:20 a.m., there was Rx # 44085382 Albuterol HFA Inhaler Sulfate Inhalation Aerosol HFA 90mcg, inhale 2 puffs orally every 6 hours as needed for shortness of breath/wheezing that indicated it belonged to resident #1, that was found on the home's medication cart. However, resident #1's Albuterol HFA Inhaler was discontinued on 5/8/25.

Plan of Correction

Accept [redacted] 08/18/2025)

In response to the violation 7/10/25, at 11:20 am by the Department of Human Services of Pennsylvania Licensing, there was Rx # 44085382 Albuterol HFA Inhaler Sulfate Inhalation Aerosol HFA 90mcg, inhale 2 puffs orally every

183d - Prescription Current (continued)

6 hours as needed for shortness of breath/wheezing that indicated it belonged to resident #1, that was found on the home's medication cart. However, resident #1's Albuterol HFA Inhaler was discontinued on 5/8/25. regarding the menus posted in the personal care home section on the fifth-floor common area posting board were for dates ranging from 6/1/25 to 6/22/25. Immediate action was taken on 7/10/25 by speaking with contracted pharmacy and confirming whether the medication was discontinued and to update, approve and log this information in the MARS system from their end. Administrator removed the discontinued medication from the cart with the required steps on 7/10/25. An education was given to the staff on 7/10/25, by the Administrator, in accordance with 2600.183d, ensuring that only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home. Monitoring began on 7/10/25 by the Administrator to make sure that the discontinued medication was removed properly from the cart and only the current prescription is kept in the cart. An audit will start on 7/10/25 and be done monthly by the Administrator.

Licensee's Proposed Overall Completion Date: 08/15/2025

Not Implemented (█ 10/17/25)

185a - Implement Storage Procedures

16. 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 #1 is ordered Glutose 15 (37.5GM) 40% Gel – take 1 tube orally X1 dose as needed for hypoglycemia. However, on 7/10/25 at approximately 11:12 a.m., the Glutose was not on the medication cart or in the home to administer if requested by resident #1.

Plan of Correction

Accept (█ 08/18/2025)

In response to the violation by the Department of Human Services of Pennsylvania Licensing, resident #1 is ordered Glutose 15 (37.5GM) 40% Gel – take 1 tube orally X1 dose as needed for hypoglycemia. However, on 7/10/25 at approximately 11:12 a.m., the Glutose was not on the medication cart or in the home to administer if requested by resident. Immediate action was taken on 7/10/25 by the Administrator by speaking with contracted pharmacy and having them request refills from the doctor, then ordered the medication that was delivered on 7/11/25 and placed in the cart for use if needed. An education was given to the staff on 7/10/25, by the Administrator, in accordance with 2600.185a, ensuring that 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. Monitoring will start on 7/11/25 by the Administrator to make sure that the medication was received and put in the cart for immediate use if needed. An audit will start on 7/11/25 be done monthly by the Administrator

Licensee's Proposed Overall Completion Date: 08/15/2025

Not Implemented (█ 10/17/25)

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

Facility Information

Name: *PENNWOOD NURSING AND REHABILITATION CENTER* License #: *45019* License Expiration: *07/21/2026*
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: *10/04/1992* Issued By: *PA Dept of Health*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *10* Waking Staff: *8*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Monitoring* Exit Conference Date: *08/25/2025*

Inspection Dates and Department Representative

08/25/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

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

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *10* Are 60 Years of Age or Older: *8*
Diagnosed with Mental Illness: *8* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

08/25/2025 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *Exception*

88a - Surfaces

1. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 8/25/25 at approximately 10:30 a.m., the tan colored paint on the ceiling of the shared half bathroom in the hallway next to the nurse station/medication area was cracked and peeling away in multiple sections and hanging from the ceiling.

On 8/25/25 at approximately 15:10 p.m., 4 white colored 2'x 4' ceiling tiles located in the main hallway across from the out-of-order elevator bank were unsecured from their white aluminum grids exposing the metal lathe and plaster ceiling along with numerous blue, white, and gray colored wires sagging down from the ceiling into the main hallway.

Plan of Correction

Directed (██████ 10/08/2025)

Within five days of receipt of the plan of correction: The administrator or designated person shall repair the tan colored paint on the ceiling of the shared half bathroom in the hallway next to the nurse station/medication area. ██████ 10/9/25

Within five days of receipt of the plan of correction: The administrator or designated person shall repair the 4 white colored 2'x 4' ceiling tiles located in the main hallway across from the out-of-order elevator bank being unsecured from their white aluminum grids exposing the metal lathe and plaster ceiling along with numerous blue, white, and gray colored wires sagging down from the ceiling into the main hallway. ██████ 10/9/25

Within five days of receipt of the plan of correction: The administrator shall educate all staff persons on the regulation and the home's policy and procedures to maintain compliance. Documentation of education shall be kept in accordance with Regulation 2600.65(i). ██████ 10/9/25

Within five days of receipt of the plan of correction: The administrator shall audit the the home on two different days each week to ensure floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. Documentation of audits shall be kept for review. ██████ 10/9/25

Directed Completion Date: 10/14/2025

Not Implemented ██████ 10/17/25)

92 - Windows

2. Requirements

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

On 8/25/25 at approximately 10:30 a.m., the screen located in the open window of the shared half bathroom in the hallway next to the nurse station/medication area had an approximate 3" inch x 3" inch hole in the lower right-hand corner of the screen with a brown colored paper towel haphazardly shoved inside of the hole.

Plan of Correction

Directed ██████ - 10/08/2025)

Within five days of receipt of the plan of correction: The administrator or designated person shall repair or replace the screen located in the open window of the shared half bathroom in the hallway next to the nurse station/medication area. ██████ 10/9/25

92 - Windows (continued)

Within five days of receipt of the plan of correction: The administrator shall educate all staff persons on the regulation and the home's policy and procedures to maintain compliance. Documentation of education shall be kept in accordance with Regulation 2600.65(i). █ 10/9/25

Within five days of receipt of the plan of correction: The administrator shall audit the the home on two different days each week to ensure windows, including windows in doors, are in good repair and securely screened when doors or windows are open. Documentation of audits shall be kept for review. █ 0/9/25

Directed Completion Date: 10/14/2025

Not Implemented (█ 10/17/25)

132a - Monthly Fire Drill

3. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not held at the home during the following months:

July 2025

August 2025

Plan of Correction

Directed (█ 10/08/2025)

Within 24 hours of receipt of the plan of correction: The administrator shall conduct an unannounced fire drill at least once a month. Documentation shall be kept in accordance with Regulation 2600.132(c). █ 10/9/25

Within five days of receipt of the plan of correction: The administrator shall educate all staff persons on the regulation and the home's policy and procedures to maintain compliance. Documentation of education shall be kept in accordance with Regulation 2600.65(i) █ 10/9/25

Within 24 hours of receipt of the plan of correction: The administrator shall audit the fire drill record monthly to ensure an unannounced fire drill is held at least once a month. █ 10/9/25

Directed Completion Date: 10/14/2025

Not Implemented (█ 10/17/25)

132c - Fire Drill Records

4. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The home's fire drill records for fire drills held on 4/17, 5/17, and 6/17 did not indicate the year the fire drill was conducted.

The home's fire drill records for fire drills held on 2/17/25, 3/17/25, 4/17, and 5/17 did not indicate the amount of time to evacuate in minutes and seconds and did not document the seconds.

132c - Fire Drill Records (*continued*)**Plan of Correction****Directed** ■ - 10/08/2025)

Within 24 hours of receipt of the plan of correction: The administrator shall audit the fire drill record monthly to ensure an unannounced fire drill is held at least once a month ■ 10/9/25

Within five days of receipt of the plan of correction: The administrator shall educate all staff persons documenting fire drills on the regulation and the home's policy and procedures to maintain compliance. Documentation of education shall be kept in accordance with Regulation 2600.65(i). ■ 10/9/25

Directed Completion Date: 10/14/2025

Not Implemented ■ 10/17/25)

132d - Evacuation

5. 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

The home does not have a maximum safe evacuation time specified in writing within the past year by a fire safety expert. The home exceeded an evacuation time of 2 minutes 30 seconds during the following drills:

* 1/16/25 at 11:20 a.m. with 7 residents present in the personal care home, evacuation time 6 minutes 4 seconds.

* 2/17/25 at 1:40 p.m. with 8 residents present in the personal care home, evacuation time 6 minutes (seconds not indicated).

* 3/17/25 at 1:30 p.m. with 8 residents present in the personal care home, evacuation time 5 minutes (seconds not indicated).

* 4/17/ (year not indicated) at 11:30 a.m. with 8 residents present in the home, evacuation time 5 minutes (seconds not indicated).

* 5/17/ (year not indicated) at 2:00 p.m. with 8 residents present in the home, evacuation time 4 minutes (seconds not indicated).

* 6/17/ (year not indicated) at 12:30 p.m. with 10 residents present in the home, evacuation time 4 minutes and 3 seconds.

Plan of Correction**Directed** ■ 10/08/2025)

Within 24 hours of receipt of the plan of correction: The administrator shall conduct a fire drill to ensure all residents are capable of evacuating the entire building to a public thoroughfare, or to a fire-safe area in 2 minutes and 30 seconds or a 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. ■ 10/9/25

Within 24 hours of receipt of the plan of correction: If all residents are incapable of evacuating in 2 minutes and 30 seconds or a time designated in writing within the past year by a fire safety expert. The administrator shall:

- *Request a decrease in licensed capacity and discharge residents.*
- *Provide resident and staff education on evacuation policies and procedures. Documentation will be kept.*
- *Conduct additional fire drills.*
- *Relocate residents who require special assistance with evacuation closer to exits or fire-safe areas.*
- *Add additional staff (at all times) to meet the 2 minute and 30 second evacuation time or the safe evacuation time specified by the fire safety expert within the past year.*

132d - Evacuation (continued)

10/9/25

Within five days of receipt of the plan of correction: The administrator shall educate all staff persons on the regulation and the home's policy and procedures to maintain compliance. Documentation of education shall be kept in accordance with Regulation 2600.65(i). 10/9/25

Within 24 hours of receipt of the plan of correction: The administrator shall monitor all fire drills to ensure compliance. 10/9/25
 Directed Completion Date: 10/14/2025 Not Implemented (10/17/25)

132f - Alternate Exit Routes

6. Requirements

2600.
 132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The "rear" was the only exit route used during the fire drills held from 1/16/25 to 6/17/25.

Plan of Correction Directed (10/08/2025)

Within 24 hours of receipt of the plan of correction: The administrator shall conduct a fire drill using an alternate exit. Documentation of the fire drill shall be kept. 10/9/25

Within 24 hours of receipt of the plan of correction: The administrator shall ensure alternate exit routes shall be used during fire drills by monitoring all fire drills. 10/9/25

Within five days of receipt of the plan of correction: The administrator shall educate all staff persons on the regulation and the home's policy and procedures to maintain compliance. Documentation of education shall be kept in accordance with Regulation 2600.65(i). 10/9/25

Directed Completion Date: 10/14/2025 Not Implemented (10/17/25)

132g - Fire Drills Days/Times

7. Requirements

2600.
 132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home routinely holds fire drills on or around the same day of the month for consecutive months as evidenced by the following drills:

- * 1/16/25 at 11:20 a.m.
- * 2/17/25 at 1:40 p.m.
- * 3/17/25 at 1:30 p.m.
- * 4/17 at 11:30 a.m.
- * 5/17 at 2:00 p.m.
- * 6/17 at 12:20 p.m.

Additionally, the home's fire drill record indicated 8 staff participating in fire drills conducted on 2/17/25, 3/17/25, 4/17, 5/17, and 10 staff participating in the fire drill conducted on 6/17, however, the home's schedule never reflected

132g - Fire Drills Days/Times (continued)

more than 2 direct care staff persons scheduled at any given time.

Plan of Correction

Directed [REDACTED] 10/08/2025)

Within 24 hours of receipt of the plan of correction: The Administrator shall conduct a fire drill on a different day of the week, at a different time of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low. Documentation of the drill shall be kept. [REDACTED] 10/9/25

Within five days of receipt of the plan of correction: The administrator shall educate all staff persons on the regulation and the home's policy and procedures to maintain compliance. Documentation of education shall be kept in accordance with Regulation 2600.65(i) [REDACTED] 10/9/25

Within 24 hours of receipt of the plan of correction: The administrator shall audit all fire drills to ensure fire drills are held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low by monitoring all fire drills. [REDACTED] 10/9/25

Directed Completion Date: 10/08/2025

Not Implemented ([REDACTED] 10/17/25)

162c - Menus Posted

8. Requirements

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

On 8/25/25 at approximately 09:30 a.m., the home's menu for the week of 8/14/25 and 8/21/25 were posted. However, there was no menu posted for the week in advance of 8/21/25.

Plan of Correction

Directed [REDACTED] 10/08/2025)

Within 24 hours of receipt of the plan of correction: The administrator shall post menus, stating the specific food being served at each meal, prepared for 1 week in advance and is followed and a weekly menu shall be posted 1 week in advance in a conspicuous and public place in the home. JK 10/9/25

Within five days of receipt of the plan of correction: The administrator shall educate all staff persons on the regulation and the home's policy and procedures to maintain compliance. Documentation of education shall be kept in accordance with Regulation 2600.65(i) [REDACTED] 10/9/25

Within 24 hours of receipt of the plan of correction: The administrator shall audit the home two different days each week to ensure 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. Documentation of audits shall be kept. [REDACTED] 10/9/25

Directed Completion Date: 10/14/2025

Not Implemented ([REDACTED] 10/17/25)

183d - Prescription Current

9. Requirements

2600.

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

183d - Prescription Current (*continued*)**Description of Violation**

On 8/25/25 at approximately 10:30 a.m., a pharmacy card was located on the medication cart containing 2mg tablets of Risperidone for Resident #1, take 1 tablet orally at bedtime. However, that order was discontinued on 8/18/25 and replaced by Risperidone 1mg tablet, take 1 tablet orally at bedtime.

Plan of Correction

Directed (redacted) 10/09/2025)

Within 24 hours of receipt of the plan of correction: The administrator shall remove the medication cited in the violation from the medication cart and follow the home's policy and procedures for disposal. (redacted) 10/9/25

Within five days of receipt of the plan of correction: The administrator shall educate of the staff persons responsible for maintaining compliance with the regulation and the home's policies and procedures. Documentation of education will be kept in accordance with Regulation 2600.65(i). (redacted) 10/8/25

Within 24 hours of receipt of the plan of correction: The administrator shall complete an initial audit of all resident medications to ensure compliance with Regulation 2600.183(d). Documentation of the audit shall be kept. (redacted) 10/9/25

Within 24 hours of receipt of the plan of correction: The administrator shall complete a monthly audit of all resident medications to ensure compliance with Regulation 2600.183(d). Documentation of the audits shall be kept. (redacted) 10/9/25

Directed Completion Date: 10/14/2025

Not Implemented (redacted) 10/17/25)

185a - Implement Storage Procedures

10. 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 #1's Evencare G3 Glucometer was not set to the current date and time of 8/25/25 at 11:30 a.m.; however, the Evencare G3 glucometer indicated a date and time of 11/27 at 6:22 a.m.

On 8/25/25 at 7:00 a.m. resident #1's Evencare G3 Glucometer indicated a reading of 112 bs/dl; however, the medication administration record (MAR) indicated 114 bs/dl.

On 8/24/25 resident #1's Evencare G3 Glucometer indicated a reading of 134 bs/dl; however, this was not documented on the resident's MAR.

On 8/24/25 at 4:00 p.m. resident #1's Evencare G3 Glucometer had no reading; however, the resident's MAR had documentation of 197 bs/dl.

On 8/23/25 at approximately 8:00 p.m., resident #1's Evencare G3 Glucometer indicated a reading of 146 bs/dL; however, this was not documented on the resident's MAR.

On 8/23/25 at 11:00 a.m. resident #1's Evencare G3 Glucometer had no reading; however, the resident's MAR had documentation of 112 bs/dl.

On 8/22/25 at 4:00 p.m. resident #1's Evencare G3 Glucometer had no reading; however, the resident's MAR had

185a - Implement Storage Procedures (continued)

documentation of 124 bs/dl.

On 8/21/25 at 4:00 p.m. resident #1's Evencare G3 Glucometer had no reading; however, the resident's MAR had documentation of 148 bs/dl.

Plan of Correction

Directed [REDACTED] 10/09/2025)

Within 24 hours of receipt of the plan of correction: The administrator shall correct the date and time for resident #3's Evencare G3 Glucometer. [REDACTED] 10/9/25

Within 24 hours of receipt of the plan of correction: The administrator shall conduct an initial audit of all resident glucometers and medication administration records to ensure glucometers are set to the correct date and time, and the documentation of glucometer readings are complete and accurate. Subsequent audits shall occur at least monthly. Documentation of the audits shall be kept. [REDACTED] 10/9/25

Within five days of receipt of the plan of correction: The administrator shall educate all staff persons on the home's policies regarding the use of resident glucometers. This shall include the use of each type of glucometer, how to ensure the correct day and time, and the documentation of glucometer readings. Documentation of education shall be kept in accordance with Regulation 2600.65(i). [REDACTED] 10/9/25

Directed Completion Date: 10/14/2025

Not Implemented [REDACTED] - 10/17/25)

187d - Follow Prescriber's Orders**11. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1, was prescribed Risperidone 1mg tablet, take 1 tablet orally at bedtime, to replace the Risperidone 2mg tablet, take 1 tablet orally at bedtime on 8/18/25. However, on dates ranging from 8/19/25 through 8/24/25, resident #1, was administered both the 1mg and 2mg tablets of Risperidone.

Resident #1 is prescribed blood glucose checks daily before meals. However, the resident's blood glucose was not checked at 4:00 p.m. on the following dates:

- 8/2/25
- 8/12/25 through 8/15/25
- 8/23/25

Resident #1 is prescribed Meclizine 25mg chew tab, 1 tab three time daily. However, the resident was not administered the medication as follows:

- 8/2/25 at 9:00 p.m.
- 8/5/25 and 8/6/25 at 9:00 p.m.
- 8/13/25 at 9:00 p.m.
- 8/14/25 at 3:00 p.m. and 9:00 p.m.
- 8/25/25 at 3:00 p.m.

187d - Follow Prescriber's Orders (continued)

Resident #1 is prescribed Metoprolol, take ½ tablet (12 mg orally twice daily. However, the resident was not administered the medication at 9:00 p.m. as follows:

- 8/2/25
- 8/5/25
- 8/6/25
- 8/13/25
- 8/14/25

Resident #1 is prescribed Mirtazapine, take 1 tablet orally at bedtime. However, the resident was not administered the medication at 9:00 p.m. as follows:

- 8/2/25
- 8/5/25
- 8/6/25
- 8/13/25
- 8/14/25

Resident #1 is prescribed ResperiDONE, However, the resident was not administered the medication at 9:00 p.m. as follows:

- 8/2/25
- 8/5/25
- 8/6/25
- 8/13/25
- 8/14/25

Resident #1 is prescribed Senna 8.6 mg, take 1 tablet orally at bedtime. However, the resident was not administered the medication at 9:00 p.m. as follows:

- 8/2/25
- 8/5/25
- 8/6/25
- 8/13/25
- 8/14/25

Resident #1 is prescribed VISINE DRY SOL EYE Relief, take one drop in each eye twice daily. However, the resident was not administered the medication at 9:00 p.m. as follows:

- 8/2/25
- 8/5/25
- 8/6/25
- 8/13/25
- 8/14/25

Plan of Correction**Directed [REDACTED] - 10/09/2025)**

Within five days of receipt of the plan of correction: The administrator shall educate of all medication administration staff on the home's policy and procedures and Regulation 2600.187(d). Documentation of education shall be kept in accordance with Regulation 2600.65(i). [REDACTED] 10/9/25

187d - Follow Prescriber's Orders (continued)

Within five days of receipt of the plan of correction: The administrator shall observe of all staff persons qualified to administer medications, administering medications. Documentation of observations shall be kept. [REDACTED] 10/9/25

Within 24 hours of receipt of the plan of correction: The administrator shall audit the medication record of all residents weekly to ensure all resident medications are administered as prescribed. Documentation of audits shall be kept. [REDACTED] 10/9/25

Within one day of receipt of the plan of correction: The administrator shall notify the resident and the resident's designated person of the medication errors. Documentation of the notification shall be kept. [REDACTED] /9/25

Within one day of receipt of the plan of correction: The administrator shall notify the prescriber of the medication errors and follow any instructions of the prescriber. Documentation of the notification and any follow-up instructions shall be kept. [REDACTED] 10/9/25

Within one day of receipt of the plan of correction: The administrator shall file an incident report for the medication errors. [REDACTED] 10/9/25

Within one day of receipt of the plan of correction: The administrator shall document the medications errors as part of the resident's permanent record. [REDACTED] 10/9/25

Directed Completion Date: 10/ [REDACTED] 2025

Not Implemented [REDACTED] - 10/17/25)