

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

January 20, 2026

[REDACTED]
JEWISH ASSOCIATION ON AGING
[REDACTED]

RE: HARRY & JEANNETTE WEINBERG
TERRACE
5757 BARTLETT STREET
PITTSBURGH, PA, 15217
LICENSE/COC#: 42981

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/19/2025, 11/20/2025 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: HARRY & JEANNETTE WEINBERG TERRACE License #: 42981 License Expiration: 11/26/2026
 Address: 5757 BARTLETT STREET, PITTSBURGH, PA 15217
 County: ALLEGHENY Region: WESTERN

Administrator

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

Legal Entity

Name: JEWISH ASSOCIATION ON AGING
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: Other Date: 05/09/1997 Issued By: City of Pittsburgh

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 56 Waking Staff: 42

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint Exit Conference Date: 12/11/2025

Inspection Dates and Department Representative

11/19/2025 - On-Site: [REDACTED]
 11/20/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 115 Residents Served: 50
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 1
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 50
 Diagnosed with Mental Illness: 26 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 6 Have Physical Disability: 0

Inspections / Reviews

11/19/2025 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/27/2025

01/05/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 01/16/2026
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/09/2026

Inspections / Reviews *(continued)*

01/08/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/16/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/16/2026

01/20/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/16/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED] at 11:11pm, direct care staff person A administered an [REDACTED] tablet to resident [REDACTED]; however, this medication was discontinued by resident [REDACTED]'s prescriber on [REDACTED]. The home did not report this medication error to the Department until [REDACTED].

Plan of Correction

Directed ([REDACTED] 01/08/2026)

To ensure conditions of incident reporting are met and maintained in accordance with DHS regulations, all supervisors were in-serviced and trained on incident/reportable reporting to DHS on 12/24/25 and 1/1/26, by [REDACTED] LPN, DRS and Administrator. Supervisors reviewed policy and procedures for regulation 2600.16c, time sensitivity of reporting occurring within 24 hours of the incident, list of what is to be reported, form and content reviewed, notification to appropriate parties. Reportable Incidents training added to the New Hire LPN Supervisor Orientation checklist. See attached attendance sheet, Revised LPN Supervisor Orientation Checklist, The incident reporting policy was revised to clearly state that all medication errors are to be reported to DHS within 24 hours. All supervisors were trained in time requirements and instructed on the thoroughness in the completion of an incident report to DHS. The facilities policy and procedures were reviewed and revised now clearly stating incident reports filing require a written incident report to DHS within 24 hours of the incident occurring. Since our annual licensing inspection which occurred on 11/19/25 all incidents reports are reviewed daily by [REDACTED] LPN, DRS and Administrator for thoroughness, timeliness, trends, training needs, modifications and potential referrals. To date 13 internal incidents reports were reviewed. 3 of the 13 were a reportable incidents and reported timely within 24 hours to DHS. 1 of the 3 was a medication error. This daily review will be maintained as part of our Quality Management plan. All incidents reports are logged onto an excel spread sheet as part of the daily review and as permanent record of all incident reports for our Quality Management Plan. Data logged on excel spread sheets is residents name/date/time of incident/location of incident/ injuries/preventable/ plan for correction / reportable (Y/N). Entry of Data is performed by Administrator and file is shared with [REDACTED] LPN ,DRS as well as nursing supervisors. We have scheduled a Quality Management meeting for 1/14/26 at 10:00 am. At that time areas to be addressed- reportable incidents, complaints, staff development review of 2025 training and annual training plan for 2026 will include the new training of processes put into practice as a result of the POC. which has been attached (DIRECTED: Documentation of the quality management review shall be kept. [REDACTED] 1/8/26). All of the above noted trainings has been entered into the staff development training binder for 2025 noting who was in-serviced, date, time, source and content of training. Staff development plan for 2026 and thereafter will continue to incorporate training and education procedures. Staff training will continue biannually thereafter and as needed. Education will be provided by the Director of Resident Services. Please see the following attachments for ; Supervisor Incident /Reportable Reporting Education. Medication Error reporting for Direct care staff. All trainings will be entered into the staff development training for 2025 and 2026. All trainings will be conducted by the Director of Resident Services twice a year and as needed, if trends or concerns should emerge.

Proposed Overall Completion Date: 01/06/2026

Directed Completion Date: 01/14/2026

16c Written Incident Report (continued)

Implemented (████ - 01/20/2026)

132a Monthly Fire Drill

2. Requirements

2600.

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

Description of Violation

Numerous staff persons indicated they are notified in advance of the monthly fire drills by staff person C, the home's administrator.

Plan of Correction

Accept (████ - 01/08/2026)

The Administrator or Designee will schedule and █████ CPP, FLO Security Manager/ Emergency Management Coordinator will conduct unannounced monthly fire drills at varying times, shifts and days each month without providing any staff notification prior to a fire drill to ensure realistic emergency preparedness and resident safety. After each monthly fire drill the Security Manager / Emergency Management Coordinator, █████ will conduct a brief survey asking 2-3 staff, if the staff member was made aware prior to the fire drill that a drill was going to take place? Responses will be documented and become permanent record of the fire drill log. This procedure was started on 12/24/25 and will continue to be recorded for the next 3 months ending in the month of March 2026. Administrator was reeducated by █████ CEO of the JAA on 12/11/25 and once again by █████ on 12/22/25. Please see attached.

Licensee's Proposed Overall Completion Date: 01/06/2026

Implemented (████ - 01/20/2026)

183d Prescription Current

3. 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 █████ resident █████ tablets were discontinued by resident █████ prescriber; however, on █████, resident █████'s █████ tablets were still present in the home and a 2.5mg tablet was erroneously administered to resident █████ on █████ at 11:11pm.

REPEAT VIOLATION: █████, et. al.

Plan of Correction

Accept (████ - 01/08/2026)

Upon discovery of the discontinued medication remaining on the medication cart, the medication was immediately removed and the prescriber was contacted.

To ensure only current prescriptions are maintained on the med cart, a comprehension daily audit will be performed on all carts by the daily shift supervisor and or the Director of Resident Services. All audit forms will be reviewed by the Director of Resident Services daily or another supervisor. All supervisors have been trained by DRS on the audit tool and understand that any discrepancies and or deficiencies are to be corrected immediately and

183d - Prescription Current (continued)

education to be performed as needed with direct care staff-med passers. Inservice for supervisors was held on 12/24/25. Audit form implemented on 12/24/25. See attached sample of audit form competed. Cart Audits will be a daily requirement for all scheduled supervisors . Audits to be reviewed by the Director of Resident Services for regulatory compliance and education as needed. Audit binder is housed in the nursing supervisor office. Please see attached training record form, audit tool and audit performed. Trainings will be housed in the staff development binder for Training plan for 2025 and Training plan 2026. Education will be provided twice yearly by DRS. To ensure compliance along with the Supervisor Medication Cart Audits our evening supervisor will conduct an individual medication reconciliation for one medication cart per evening. The current MAR will be checked against the medications on the cart for the identified residents receiving their medications from the identified cart. Utilizing this audit tool we will be ensuring only current medications are available for administration and are on the cart. Our facility functions with five medication carts to meet our residents needs. The evening supervisors' schedule is as follows -second floor cart reconciliation will be conducted on Monday for 11 residents. Tuesday cart medication reconciliation will be conducted on the 3rd floor, cart #1 for 8 residents. Wednesday cart reconciliation on the 3rd floor cart #2-10 residents. Thursday cart medication reconciliation on the 4th floor cart #1 -6 residents. Friday cart reconciliation on the 4th floor #2 -6 residents. Please see attached Medication Reconciliation Form, in-service training.

All med passers will be reeducated regarding removal of discontinued medication for the medications carts. Please see training form and procedure for removal. Completion of this training anticipated by 1/16/25 when casual staff and will return on site on site. All training and reeducation performed by DRS. All trainings are placed in the staff development binder and will be part of the Training plan for 2026 and moving forward. Training will occur bi annually and with greater frequency, if trend is seen through incident/ reportable reporting. All med passere have also bee reeducated on medication Cart Audits

Proposed Overall Completion Date: 01/16/2026

Licensee's Proposed Overall Completion Date: 01/16/2026

Implemented [redacted] - 01/20/2026)

187d - Follow Prescriber's Orders

4. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

According to resident [redacted] controlled medication accountability log, direct care staff person A administered an [redacted] tablet to resident [redacted] on [redacted] at 11:11pm; however, this medication was discontinued by resident [redacted] prescriber on [redacted].

Plan of Correction

Directed [redacted] - 01/08/2026)

Upon discovery of the discontinued control medication, immediate removal of the medication was performed. Reconciliation of the Control Accountability Log with the MAR was performed by the Interim Director of Nursing. Staff was in-serviced on 10/29/25 by Grane Pharmacy RN on Medication Cart Management and Medication Administration. Please see attached in-service materials and sign in sheet. To ensure continued accountability

187d Follow Prescriber's Orders (continued)

and compliance of prescribers orders, daily cart audits have been initiated, (as reference earlier and attached) on 12/24/25 and have remained a daily assignment for the supervisor on site Each Resident Attendant who is a med passers has also been individually educated by the Interim Director of Resident Services specifically on the removal of discontinued medications on 12/24, 12/25, 1/6/26. awaiting the return to work for several casual / parttime staff. Training will be completed by 1/16/26 Please see sign in sheet and the compliance procedures addressed during in service All noted trainings have been entered onto a Record of Training form and are placed in the staff development binder for 2025 and the staff development binder for training year of 2026. Training will occur bi annually and the Director of Resident services will provide the education.

All medications are verified against prescriber orders upon arrival to the facility by the Supervisor. Any medication that is discontinued, changed by the prescriber while on the cart is to be removed by the supervisor and the med passer or a directional change sticker is to be applied that refer to the MAR.

Education regarding medication administration will continue monthly for the next 3 months, provided by the Interim Director of Resident Services.

Daily cart reconciliation audits were initiated on 1/6 /26 and to be performed by the evening supervisor to ensure on current medications are on the medication for med administration. One cart is reconciled daily beginning with the second floor where 11 residents are audited for compliance. The third floor has 2 carts one cart will be audited on Tuesday and the other cart on Wednesday as presented in 187d.

Staff person A was placed on suspension pending investigation. Staff person A was terminated.

Proposed Overall Completion Date: 01/07/2026

Directed Completion Date: 01/16/2026

Implemented (████ - 01/20/2026)

188b - Medication Error Reporting**5. Requirements**

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

On █████ at 11:11pm, direct care staff person A administered an █████ tablet to resident █████ however, this medication was discontinued by resident █████ prescriber on █████ Direct care staff person A immediately realized the medication error after administering the medication to resident █████; however, resident █████ prescriber was not notified of the medication error until █████

Plan of Correction

Accept (████ - 01/08/2026)

To ensure all medication errors are reported immediately upon discovery a Medication Error Response Checklist has been implemented. All Resident Attendants who currently pass medication will be educated on the usage of this form and the necessary communication with the supervisors and all parties notification. Education of checklist started on 12/24/25 and will continue until all RA Medication Passers have been educated anticipated completion date will be 1/16/26 (this allows all staff casuals to be trained and those on vacarion to be educated.) The Medication Error Response Checklist has been placed on each med cart on each floor for an immediate reference response if a med error should occur. Reeducation and audits tools now in place will be monitored monthly for the next 3 months concluding at the end of March 2026. DRS will provide the monitoring until that time. Trainings will

188b - Medication Error Reporting (continued)

be schedule 2x annually for all med passers and supervisors, facilitated by the DRS , Grane Pharmacy RN (our house pharmacy) will also continue with their bi annual training of medication management and cart management. All trainings will be maintained in the staff development training binder, the training forms will identify the training source content of training , date of training , duration and date. Please see attached Med Passer signature sheet and the Medication Error Response Checklist now in place and to be monitored for the next 3 months for reeducation and compliance with form. Thereafter training to occur bi annually or as needed provided by DRS. Quality Management meetings will be held for the next 3 months - in order to ensure monitoring and hard wiring of processes. First quality management meeting will be held on 1/14/26, followed by 2/11/26 and 3/11/26. Thereafter Quality Management meetings will be scheduled quarterly to track and maintain progress. First quarterly Quality meeting will be 7/8/26. Administrator facilitates Quality management meetings, minutes of the meeting are taken and a Quality management Binder is maintained in the Administrator office. Staff person A was terminated by the facility, after an investigation was conducted.

Licensee's Proposed Overall Completion Date: 01/16/2026

Implemented [REDACTED] - 01/20/2026)