

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

June 18, 2026

[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 04/01/2026 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: <i>SENECA MANOR</i>	License #: <i>45549</i>	License Expiration: <i>04/01/2027</i>
Address: <i>5340 SALTSBURG ROAD, VERONA, PA 15147</i>		
County: <i>ALLEGHENY</i>	Region: <i>WESTERN</i>	

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

Legal Entity		
Name: <i>SENECA MANOR, LLC</i>		
Address: [REDACTED]		
Phone: [REDACTED]	Email: [REDACTED]	

Certificate(s) of Occupancy		
Type: <i>I-2</i>	Date: <i>04/14/2010</i>	Issued By: <i>Municipality of Penn Hills</i>

Staffing Hours		
Resident Support Staff: <i>0</i>	Total Daily Staff: <i>123</i>	Waking Staff: <i>92</i>

Inspection Information		
Type: <i>Partial</i>	Notice: <i>Unannounced</i>	BHA Docket #:
Reason: <i>Complaint</i>	Exit Conference Date: <i>04/01/2026</i>	

Inspection Dates and Department Representative	
<i>04/01/2026 - On-Site</i>	[REDACTED]

Resident Demographic Data as of Inspection Dates			
General Information			
License Capacity: <i>100</i>		Residents Served: <i>77</i>	
Special Care Unit			
In Residence: <i>No</i>	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: <i>7</i>			
Number of Residents Who:			
Receive Supplemental Security Income: <i>0</i>		Are 60 Years of Age or Older: <i>76</i>	
Diagnosed with Mental Illness: <i>0</i>		Diagnosed with Intellectual Disability: <i>0</i>	
Have Mobility Need: <i>46</i>		Have Physical Disability: <i>1</i>	

Inspections / Reviews		
04/01/2026 Partial		
Lead Inspector: [REDACTED]	Follow-Up Type: <i>POC Submission</i>	Follow-Up Date: <i>05/15/2026</i>
05/22/2026 - POC Submission		
Submitted By: [REDACTED]	Date Submitted: <i>06/01/2026</i>	
Reviewer: [REDACTED]	Follow-Up Type: <i>POC Submission</i>	Follow-Up Date: <i>06/01/2026</i>

Inspections / Reviews *(continued)*

05/27/2026 POC Submission

Submitted By: [REDACTED] Date Submitted: 06/01/2026
Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 06/03/2026

06/18/2026 Document Submission

Submitted By: [REDACTED] Date Submitted: 06/01/2026
Reviewer: [REDACTED] Follow Up Type: Not Required

141a Medical evaluation

1. Requirements

2800.

141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

Description of Violation

Resident [redacted], admitted [redacted] does not have a completed initial medical evaluation.

Repeated Violation- [redacted], et al.

Plan of Correction

Accept [redacted] - 05/27/2026)

Resident [redacted] remains a current resident of the residence. Although the residence is unable to retroactively obtain a timely initial medical evaluation due to the elapsed admission timeframe, the resident’s current medical record was reviewed by RCC, [redacted] LPN to ensure an updated medical evaluation is present and current moving forward. The resident record was audited for completeness and ongoing compliance.

All residents admitted to the residence had the potential to be affected by incomplete or missing initial medical evaluations. The residence conducted an audit of admission records and medical evaluations to identify any additional residents requiring completed medical evaluations.

The residence implemented the following systemic changes:

- Re-education of admissions, nursing, and leadership staff regarding initial medical evaluation requirements under Chapter 2800.
- Increased oversight by leadership/designee regarding review of admission documentation and medical evaluations for completeness prior to admission and upon admission.
- Addition of medical evaluation reviews to routine chart audits.

The Administrator/designee or nurse will audit all new admission records and medical evaluations weekly for four weeks starting 5/13/26, then monthly for three months, to ensure required medical evaluations are completed timely and maintained appropriately within resident records. Any identified deficiencies will be corrected immediately and addressed with additional staff education as necessary.

Corrective action, record audits, and staff education were completed by 5/15/2026. Ongoing monitoring will continue as outlined above.

Licensee's Proposed Overall Completion Date: 05/29/2026

Implemented [redacted] - 06/17/2026)

224a2 30 days prior to admission

2. Requirements

2800.

224.a.2. An individual shall have a written initial assessment that is documented on the Department’s assessment form within 30 days prior to admission unless one of the conditions contained in paragraph (3) apply.

Description of Violation

Resident [redacted] was admitted on [redacted]; however, the resident did not have written initial assessment completed within 30 days prior to admission.

Plan of Correction

Accept [redacted] - 05/27/2026)

Resident [redacted] admission records were reviewed by RCC [redacted] LPN, to ensure all required assessment

224a2 30 days prior to admission (continued)

documentation was completed and maintained appropriately within the resident record. The residence reviewed the admission process with responsible staff to reinforce requirements for completion of initial assessments prior to admission.

All residents admitted to the residence had the potential to be affected by incomplete or missing admission assessment documentation. The residence conducted an audit of admission records to ensure required initial assessments were completed and maintained in accordance with regulatory requirements.

The residence implemented the following systemic changes:

- Re-education of admissions, nursing, and leadership staff regarding initial assessment requirements under Chapter 2800.
- Increased oversight of the admission process and resident record review by leadership/designee.
- Addition of admission documentation reviews to routine chart audits.

The Administrator/designee or nurse will audit all new admission records weekly for four weeks starting 5/13/26, then monthly for three months, to ensure required assessments and admission documentation are completed timely and maintained appropriately. Any identified deficiencies will be corrected immediately and addressed with additional staff education as necessary.

Corrective action, record audits, and staff education were completed by 5/15/2026. Ongoing monitoring will continue as outlined above.

Licensee's Proposed Overall Completion Date: 05/29/2026

Implemented [redacted] 06/17/2026)

224c1 Initial SP-30 days prior/adm

3. Requirements

2800.

224.c.1. An individual requiring services shall have a written preliminary support plan developed within 30 days prior to admission to the residence unless one of the conditions contained in paragraph (2) applies.

Description of Violation

Resident [redacted] was admitted on [redacted] however, the resident did not have a written preliminary support plan completed within 30 days prior to admission.

Plan of Correction

Accepted [redacted] - 05/27/2026)

Resident [redacted]'s support plan was reviewed by RCC [redacted] LPN. The residence is unable to retroactively obtain an initial support plan due to the elapsed timeframe. Resident records were audited for completeness and accuracy.

All residents admitted to the residence had the potential to be affected by incomplete or missing preliminary support plans. The residence conducted an audit of resident admission records and support plans to ensure required plans were completed timely and contained all required information.

The residence implemented the following systemic changes:

- Re-education of admissions, nursing, and Executive Director, RCC, regarding preliminary support plan requirements under Chapter 2800.
- Increased oversight by Executive Director/designee regarding review of admission documentation and support plans.
- Addition of support plan reviews to routine chart audits.

The Administrator/designee or nurse will audit all new admission records and support plans weekly for four weeks starting 5/13/26, then monthly for three months, to ensure required support plans are completed timely and

224c1 Initial SP-30 days prior/adm (continued)

contain all required information. Any identified deficiencies will be corrected immediately and addressed with additional staff education as necessary. Corrective action, record audits, and staff education were completed by 5/15/2026. Ongoing monitoring will continue as outlined above.

Licensee's Proposed Overall Completion Date: 05/29/2026

Implemented [redacted] 06/17/2026)

227c Final support plan - revision

4. Requirements

2800.

227.c. The final 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. The residence shall review each resident's final support plan on a quarterly basis and modify as necessary to meet the resident's needs.

Description of Violation

Resident [redacted]'s final support plan, dated [redacted], has not been reviewed and updated on a quarterly basis.

Plan of Correction

Accept [redacted] - 05/27/2026)

Resident [redacted] final support plan was reviewed and updated to include the required quarterly review documentation and to ensure the plan accurately reflected the resident's current needs and services. The resident record was audited for completeness and compliance by RCC, [redacted]

All residents residing within the residence had the potential to be affected by overdue or incomplete quarterly support plan reviews. The residence conducted an audit of resident support plans and quarterly review documentation to identify any additional residents requiring updated reviews or revisions.

The residence implemented the following systemic changes:

- Development of a tracking system to monitor quarterly support plan review due dates.
- Re-education of nursing and leadership staff regarding quarterly support plan review and revision requirements under Chapter 2800.
- Increased oversight by leadership/designee regarding timely completion and review of support plan updates.
- Addition of quarterly support plan reviews to routine chart audits.

The Administrator/designee or nurse will audit resident support plans and quarterly review documentation weekly for four weeks starting 5/13/26, then monthly for three months, to ensure support plan reviews and revisions are completed timely and accurately reflect resident needs and services. Any identified deficiencies will be corrected immediately and addressed with additional staff education as necessary.

Corrective action, record audits, support plan updates, and staff education were completed by 5/15/2026. Ongoing monitoring will continue as outlined above.

Licensee's Proposed Overall Completion Date: 05/29/2026

Implemented [redacted] 06/17/2026)