



Ms. Peg Mineo, Administrator  
UPMC Senior Communities  
200 Lothrop Street  
Forbes Tower, Suite 10055  
Pittsburgh, Pennsylvania 15213

RE: Seneca Manor  
5340 Saltsburg Road  
Verona, Pennsylvania 19053  
# 444990

Dear Ms. Mineo:

As a result of the Department of Public Welfare's licensing inspection on October 15, 2013 and October 16, 2013 of the above facility, the violations with 55 Pa.Code Ch. 2800 (relating to Assisted Living Residences) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2800 must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Neil S. Cody", written in a cursive style.

Neil S. Cody  
Regional Licensing Director

Enclosure  
Licensing Inspection Summary

**LICENSING INSPECTION SUMMARY**  
**Assisted Living Residences - 55 Pa.Code § 2800**

**Name of Residence:** Seneca Manor

**Address:** 5430 Saltsburg Rd Verona, Pa. 15147

**License Number:** 444990

**Type of Inspection:** Full

**Reason(s) for Inspection:** Interim

**Notice:** Unannounced

**On-site Inspection Dates and Department Representatives On-site:**

10/15/13 – Israel Springs, Dale Rosenblat

10/16/13 – Israel Springs, Dale Rosenblat

**Off-site Inspection Dates and Department Representatives, if Applicable:**

*Dale Rosenblat* 11/26/13

**Regulation:** § 2800.65(g)(2) Direct care staff persons may not provide unsupervised assisted living services until successful completion and passing the Department-approved direct care training course and passing of the competency test.

**Violation:** Staff Persons A, B, and C are providing direct care without having taken and successfully completed the required competency test.

**Plan of Correction**

VIOLATION  
WITHDRAWN  
NSC

Printed Name and Title of Legal Entity Representative (Required on all pages)

Signature of Legal Entity Representative (Required on all pages) Date

**DEPARTMENT USE ONLY – HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of \_\_\_\_\_ (Date)

The above plan of correction was approved by \_\_\_\_\_ (Initials)

Plan of correction implementation status as of \_\_\_\_\_ (Date)

- Fully Implemented
- Partially Implemented – Adequate Progress
- Partially Implemented – Inadequate Progress
- Not Implemented

LIS - [Seneca Manor] - [10/15/13 & 10/16/13] - [Israel Springs]

Regulation: § 2800.132(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 residence.

Violation: The fire drill log showed that fire drills held on 6/26/13 at 6:15 am (3 min 55 sec) and 9/19/13 at 6:13 am (4 min 10 sec) exceeded the safe evacuation time of 3:45 designated by the fire safety expert.

Plan of Correction

The 2600.62(d) form that was used by the fire professional did state 3min and 45sec. This was the time in which that days fire drill was done. The typed form that was given to the previous administrator states:

- Allowed time to evacuate the Residents to the fire safe area shall take no longer than 5 minutes.

This was the time that we were basing our fire drills on.

Further discussion with the Fire Chief [redacted] verified that the correct time is 5 minutes.

A letter from [redacted] is attached

[redacted] will perform the annual fire inspection and fire drill during February of 2014. At that time he will fill out a 2800.62(d) form and resolve this issue.

Printed Name and Title of Legal Entity Representative (Required on all pages)

Signature of Legal Entity Representative (Required on all pages) Debra Schuetz, Administrator Date 11/26/13

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The above plan of correction is approved as of 1/29/14 (Date)

The above plan of correction was approved by NSC (Initials)

Plan of correction implementation status as of 1/29/14 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

LIS - [Seneca Manor] - [10/15/13 & 10/16/13] - [Israel Springs]

Regulation: § 2800.187(b) The information in subsection (a) (13) and (14) shall be recorded at the time the medication is administered.

Violation: The MAR for the following residents was not initialed by staff to acknowledge the dispensation of medications:

10/2/13

Resident #1 - Bayer chewable aspirin(8am), Chlorthalidone(8am), and Vitamin B12.(8am)

Resident #2 - Acetaminophen (8am & 5pm), Docusae Sod capsule.(8am)

Resident #3 - Calcium Acetate(12pm), Nephro-vite tablet(12pm), Oyst-shell D tablet(12pm), Vitamin C tablet(12pm)

Resident #4 - Calcitonin Spray(8am),

10/14/13

Resident #1 - Bayer chewable aspirin(8am), Chlorthalidone(8am), and Vitamin B12.(8am)

Plan of Correction

- DPW Representative verified with the trainer that the trainee had actually administered aforementioned medication.
- All prospective Med Tech's must complete PA DPW Medication Administration training Program
- All prospective Med Tech's must complete Medication Administration checklist with a trainer.
- Mandatory verbal inservice was given on 11/20/13 to Med Tech's and LPN's by DRC [redacted] RN.
- MARs will be reviewed daily by Med Tech that all meds have been given and signed off. Tool B will be used to record findings.
- DRC or RSC will review tool B and the MAR one time per week to ensure compliance.
- 100% compliance for 4 weeks in a row will then allow checks by DRC or RSC to be done one time per month.

Printed Name and Title of Legal Entity Representative (Required on all pages)

Signature of Legal Entity Representative (Required on all pages)

Debra Schuetz, Administrator  
 [Signature]

Date

11/26/13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

I agree above plan of correction is approved as of 1/29/14  
 (Date)

I agree above plan of correction was approved by NSC  
 (Initials)

Plan of correction implementation status as of 1/29/14  
 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Regulation: § 2800.187(d) The residence shall follow the directions of the prescriber.

Violation: The label on the Acetaminophen for Resident #2 states to administer 1 tablet every 12 hours. The MAR shows the medication is administered 8am and 5 pm. There was no physician's order to approve this change in administration time.

Plan of Correction

- Doctor's order was requested and received on 10/16/13 to adjust medication time
- No adverse effects were observed or documented due to change of administration time.
- Mandatory in service was held on 11/20/13 for all LPN's and med techs, given by [REDACTED] DRC, RN
- Tool implemented to check Dr. Orders and MARS each week
- When 100% compliance is achieved for 4 continuous weeks, the checks will then be done monthly.

Printed Name and Title of Legal Entity Representative (Required on all pages)

Debra Schwetz, Administrator

Signature of Legal Entity Representative (Required on all pages)

*[Handwritten Signature]*

Date 11/26/13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 1/29/14  
(Date)

Plan of correction implementation status as of 1/29/14 :  
(Date)

The above plan of correction was approved by NSC  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented