



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 22 2015

Ms. Margie Zelenak, Administrator
UPMC Senior Communities
896 Weatherwood Lane
Greensburg, Pennsylvania 15601

RE: Weatherwood Manor
License #: 444700

Dear Ms. Zelenak:

As a result of the Department of Human Services' licensing inspection on November 5, 2014 and November 6, 2014 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.

Your regular license for the period February 25, 2015 to February 25, 2016 was issued on November 18, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Director

MJ

Enclosure
License Inspection Summary

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

Name of Residence: Weatherwood Manor

Address: 896 Weatherwood Lane, Greensburg, Pennsylvania 15601

License Number: 444700

Type of Inspection: Full

Reason(s) for Inspection: Renewal

Notice: Unannounced

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

11/10/14 - Israel Springs, Dale Rosenblat

11/05/14 + 11/06/14 - BE

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

RECEIVED

DEC 09 2014

CENTRAL REGION FIELD OFFICE
Harrisburg Area Licensing

LIS - [Weatherwood Manor] - [11/10/14] - [Israel Springs]

Regulation: § 2800.187 (a)(12) A medication record shall be kept to include the diagnosis or purpose for the medication, including pro re nata (PRN).

Violation:

- 1) Resident #1 has a prescription for Levothyroxine 75 mg, 1 tablet every other day. The entry on the Medication Administration Record (MAR) did not have a diagnosis listed for the medication.
- 2) Resident #2 has a prescription for Oxybutynin 5 mg, 1 tablet 2 times daily. A diagnosis was not listed for the medication on the MAR.
- 3) Resident #4 has a prescription for Fiberlax caps, 1 tablet in the AM and 2 tablets in the PM. A diagnosis was not listed on the MAR.

Plan of Correction

Immediate: Diagnosis were added to the MAR by Director of Resident Care

Root Cause: Two Pharmacies did not have the diagnosis on the Pre-printed MAR

Prevention: Both Pharmacies were contacted about the violation and reminded of the importance of the diagnosis being printed on the MAR they supply the facility. The issue was discussed with the LPNs and Med Aides to be aware of any missing information on the MAR each time that are documenting administration. The monthly new MAR review will continue to be conducted to alert staff to the missing diagnosis for each medication.

Ongoing: Director of Resident Care and Resident Support Coordinator will continue to monitor the new monthly MARs to verify diagnosis for each medication. LPN and Med Aides will be reminded of the importance of noticing missing diagnosis on the MAR at the monthly nursing staff meetings.

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

Margie Zelenak, Administrator

Signature of Legal Entity Representative (Required on all pages)

Margie Zelenak

Date

12/9/14

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The above plan of correction is approved as of 12-30-14
(Date)

Plan of correction implementation status as of 12-30-14
(Date)

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

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

LIS - [Weatherwood Manor] - [11/10/14] - [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 Resident # 3's Latanoprost .005% solution eye drops was not initialed as having been given at 8:00 pm on 11/1/14; and Simvastatin 40 mg was not initialed as having been given at 8:00 pm on 11/1/14.

Plan of Correction

- Immediate:** Inspector requested that the Director of Resident Care telephone the Med Aide to verify that she had administered the eye drops and the medication. She confirmed that she had administered them but failed to sign off the MAR.
- Root Cause:** Med Aide was distracted after administering the medication and failed to document in the MAR.
- Prevention:** Med Aide was educated on the importance of signing off administration of all medications in the MAR. All LPN and Med Aides are to monitor MAR to verify medications have been signed for after administration.
- Ongoing:** Director of Resident Care and Resident Support Coordinator will monitor MARs to verify that medications have been documented as administered by staff. Education will continue at the monthly nursing staff meetings to reinforce the importance of taking the time to document after administration of all medications in the MAR.

Printed Name and Title of Legal Entity Representative (Required on all pages)	
Margie Zelenak, Administrator	
Signature of Legal Entity Representative (Required on all pages)	Date
<i>Margie Zelenak</i>	12/1/14
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>12-30-14</u> (Date)	Plan of correction implementation status as of <u>12-30-14</u> (Date)
The above plan of correction was approved by <u>BZ</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented