

JUL 0 6 2015

Ms. Debra Schuetz, Administrator UPMC Senior Communities Forbes Tower, Suite 10055B 200 Lothrop Street Pittsburgh, Pennsylvania 15213

RE:

Seneca Manor

5340 Saltsburg Road

Verona, Pennsylvania 15147

License #: 444990

Dear Ms. Schuetz:

As a result of the Department of Human Services' licensing inspection on April 29, 2015, April 30, 2015 and May 1, 2015 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 May 13, 2015 to May 13, 2016 was issued on March 9, 2015. Your regular license remains in good standing.

Sincerely,

Matthew J. Jones

Director 15H

Enclosure License Inspection Summary

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

Name of Residence: Seneca Manor	
Address:	
5340 Saltsburg Road	
Verona, Pennsylvania 15147	
License Number: 444990	
Type of Inspection:	
Full	
Reason(s) for Inspection: Renewal/ Complaint	
Notice:	
Unannounced	
On-site Inspection Dates and Department Representatives On-Site: 4/29/2015, 4/30/2015, 5/01/2015- Dale Rosenblat	
Off-Site Inspection Dates and Inspectors, if Applicable:	

Du-Sent

received.

JUN 08 2015

GENTRAL REGION FIELD OFFICE Human Services Licensing

Regulation § 2800.92. Windows and screens. Windows, including windows in doors, must be in good repair and securely screened when doors or windows	
Violation Resident #1's apartment window frame has wet plaster and peeling paint from rain water seeping into the frame. Water was visible on the window sill.	
Plan of Correction	
5/4/15-Building Maintenance Service repaired damaged bulkhead over the window in room 214. (Pictures Attached)	
Mainterance Tech rememed 20092.	
5/30/15 - Tool "A" to be used by Maintenance Tech to check windows and bulkheads on a quarterly basis to ensure good repair. Tech will continue to contact Building Maintenance Service on a regular basis per resident request for repairs.	
Printed Name and Title of Legal Entity Representative (Required on all pages)  Dobro Schuetz, Administrator  Date	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE	
The above plan of correction is approved as of 6 23-05 (Date)  Plan of correction implementation status as of 6 23-15:  (Date)    Fully Implemented	
The above plan of correction was approved by SE (Initials)  Partially Implemented - Adequate Progress	

Partially Implemented - Inadequate Progress

Not implemented

Regulation § 2800.187. Medication records. (a) - A medication record shall be kept to include the following for each resident for whom medications are administered:  (14) Name and initials of the staff person administering the medication.
Violation Resident #2 is prescribed the following medications that were not initialed as given:  4/21/2015 - Latanoprost, 1 drop each eye at 8:00 pm  4/21/2015 - Ropinirole, 1 tab 3Xday at 8:00 pm  4/30/2015 - Tramadol, 1 tax 3Xday at 2:00 pm
Plan of Correction
5/20/15 In Service held to discuss regulation 2800.18.
and to review medication administration
documentation for all med passers.
5/20/15 Tool "B" to be used clarly as a way to document daily checks by med passers for witrices on MARS
to document daily checks by med passers
for miticles on MARS
DRC/RSC will randomly check 1000 00
MARS on a weekly bases for compliance
This will be an on-going audit to be
DRC/RSC will randomly check 1090 of MARS on a weekly basis for compliance. This will be an on-going audit to be used as a quality assurance measure.
Printed Name and Title of Legal Entity Representative (Required on all pages)
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Printed Name and Title of Legal Entity Representative (Required on all pages)  Dobro Schuck , Almustrum		
Signature of Legal Entity Representative (Required on all pages)	Sente 1000 6/9/15	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
The above plan of correction is approved as of 6-23-5 (Date)	Plan of correction implementation status as of 6-23-15: (Date) Fully implemented	
The above plan of correction was approved by &	Partially Implemented - Adequate Progress  Partially Implemented - Inadequate Progress	
	Not implemented	