



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAY 05 2016

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' annual licensing inspections on December 9, 2015 and December 10, 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.

Sincerely,

  
Jay Bausch  
Deputy Secretary

Enclosure  
Licensing Inspection Summary

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

<b>Name of Residence:</b> Weatherwood Manor
<b>Address:</b> 896 Weatherwood Lane Greensburg, Pennsylvania 15601
<b>License Number:</b> 444700
<b>Type of Inspection:</b> Full
<b>Reason(s) for inspection:</b> Renewal
<b>Notice:</b> Unannounced
<b>On-site Inspection Dates and Department Representatives On-Site:</b> 12/9/2015 and 12/10/2015- Dale Rosenblat and Doug Hoover
<b>Off-Site Inspection Dates and Inspectors, if Applicable:</b>

**RECEIVED**

MAR 16 2016

CENTRAL REGION FIELD OFFICE  
Human Services Licensing

**Regulation**

**§ 2800.187. Medication records**

(d) The residence shall follow the directions of the prescriber.

**Violation**

Resident #1 has a physician order requiring 3 units of Novolog100/ML if the Blood Sugar was 250 or greater. On 12/1/2015, the Resident's blood suger reading was 250 at bedtime and insulin was not given.

**Plan of Correction**

An in-service was held on January 8, 2016, re-educating the resident aides and LPNs on administering insulin for residents that are on a sliding scale. Also, a new form has been added to the MAR for documentation of administering the insulin and instructions on how much and when to contact the physician, when necessary. The Director of Resident Services will review the additional sliding scale form for accuracy on a weekly basis.

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

Nancy Woodward, Administrator

Signature of Legal Entity Representative (Required on all pages)

*Nancy Woodward*

Date

3/16/16

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The above plan of correction is approved as of 4-5-16  
(Date)

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

Plan of correction implementation status as of 4-5-16 :  
(Date)

Fully Implemented

Partially Implemented -- Adequate Progress

Partially Implemented -- Inadequate Progress

Not Implemented