



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 05 2016

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' annual licensing inspections on April 19, 2016 and April 20, 2016 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 that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
Licensing Inspection Summary

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

PCIF Name: Serietà Manor		License Number: 434990
Address: 5340 Saltsburg Road Verona, Pennsylvania 15147		County: Allegheny
Administrator: Debra Schuetz		
Legal Entity Name: UPMC Senior Communities		
Legal Entity Address: Forbes Tower, Suite 10055B 200 Lothrop Street Pittsburgh, Pennsylvania 15213		
Certificate(s) of Occupancy: I-2 (Municipality of Penn Hills) 4/14/10		
Type of Inspection: Full		
Reason(s) for Inspection(s): Renewal/Complaint		
On-Site Inspection Dates and Department Representatives On-Site: April 19-20, 2016 Doug Hoover/Israel Springs		
Off-Site Inspection Dates and Inspectors, if Applicable: NA		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 100 Number of Residents Served: 77 Secured Dementia Care Unit in Home: No Area: NA Secured Unit Capacity, if Applicable: NA Number of Residents Served in Secured Dementia Care Unit, if applicable: NA Number of Current Hospice Residents: 4 Number of Hospice Residents in past year: 10	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 77 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 12 Have a Physical Disability: 3	

RECEIVED

JUL 06 2016

CENTRAL REGION FIELD OFFICE
 Human Services Licensing

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

Regulation

42b – A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way. A resident must be free from mental, physical, and sexual abuse and exploitation, neglect, financial exploitation and involuntary seclusion.

Violation

Resident #8 was pronounced dead on [redacted] 15 at 7:25 pm. There was a "Do-Not Resuscitate" (DNR) order, dated [redacted] 14, that was rescinded on [redacted] 14 for Resident #8. The current Pennsylvania Orders for Life-Sustaining Treatment (POLST) for Resident #8 required that life-saving measures be performed. When the resident collapsed in the bathroom at approximately 6:36 pm on [redacted] 15, Cardiopulmonary Resuscitation (CPR) was not performed.

Plan of Correction In reference to the POLST:

- Education for staff on how to fill it out and the importance of the POLST, form.
- All charts have been checked by the DRC for POLST compliance.
- All discharging facilities will be asked before admission or return of the resident if a POLST has been done so that we will know to look for it.
- *yearly education on QAPSA and abuse and neglect are done with all staff.

We respectfully request that the violation under 42b stating that a resident may not be neglected, intimidated, physically or verbally abused, mistreated, subject to corporeal punishment or disciplined in any way be reconsidered for reassignment under regulation 63d. This request is made in light of the following:

- Nursing staff responded to the emergency by following the fully executed POLST on the chart at the time of the incident.
- We did not have any knowledge of when this 2nd POLST arrived in our building nor did anyone see the 2nd POLST until the time of the inspection.

There was a delay in the response time to the incident in that the [redacted] was unable to get to a call bell as [redacted] was trapped between the resident and said bell. A passing visitor heard the yells for help and informed the nursing staff on [redacted] arrival on the 1st floor. By the time the nurses reached the resident [redacted] stated "[redacted]s gone there is nothing you can do for [redacted]"

Continued on Page 2A of 6. -22

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

Debra Schuetz, Administrator

Signature of Legal Entity Representative (Required on all pages)

[Signature]

Date

7/8/16

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

The above plan of correction is approved as of 7-7-16
(Date)

Plan of correction implementation status as of 7-7-16
(Date)

The above plan of correction was approved by *DS*
(Initials)

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

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

Regulation

42b--A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way. A resident must be free from mental, physical, and sexual abuse and exploitation, neglect, financial exploitation and involuntary seclusion.

Violation

Resident #8 was pronounced dead on [redacted] 5 at 7:15 pm. There was a "Do Not Resuscitate" (DNR) order, dated [redacted] 14, that was rescinded on [redacted] 14 for Resident #8. The current Pennsylvania Orders for Life-Sustaining Treatment (POLST) for Resident #8 required that life-saving measures be performed. When the resident collapsed in the bathroom at approximately 6:38 pm on [redacted] 5, Cardiopulmonary Resuscitation (CPR) was not performed.

Plan of Correction: Continued:

- Upon exit it was disclosed by the surveyor that [redacted] had stated during [redacted] interview that [redacted] thought that everything that could have been done, was done for [redacted]. In summary we do not feel that neglectful care was given. The responding staff checked the only POLST that was available at the time of the incident and that direction was followed. The residents [redacted] understood at the time of the incident that nothing more could be done for [redacted] and [redacted] was satisfied by the actions of the staff. We are requesting that this incident not be viewed as neglect or abuse under the regulation of 42b. Thank you for your kind consideration.

Ongoing - During each resident's annual review of the Resident Assessment/Support Plan, the Administrator or designee will confirm the status of a DNR order or if a POLST is in place. --dc

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

Debra Schultz Administrator

Signature of Legal Entity Representative (Required on all pages)

[Handwritten Signature]

Date:

7/8/16

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

Regulation 60a - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.	
Violation On 4/20/16, Resident #3 stated, during an interview, that he/she had to wait for up to an hour on the toilet before direct care staff assisted with transfer and toileting activities. On 4/20/16, Resident #6 stated, during an interview, that he/she had to, "often wait," before direct care staff assisted with toileting. The most recent incident was before lunch on 4/20/16 when the resident waited for 30 minutes before staff assisted with transfer and toileting activities. Staff interviews confirmed that there were instances when resident needs are not able to be met in a timely manner.	
Plan of Correction The staffing levels we currently have meet state requirements. We will continue to review the needs of our residents along with care plans to assure resident needs are met. We closely monitor our response times with residents and will continue to assess on an ongoing basis. Our DRC will conduct weekly rounds to assure that residents needs are being met ongoing. Resident meetings are conducted routinely and we will respond to any resident concerns related to response times. Documentation of the reviews will be kept. - <i>BE</i>	
Printed Name and Title of Legal Entity Representative (Required on all pages) <i>Debra Schwetz, Administrator</i>	
Signature of Legal Entity Representative (Required on all pages) <i>[Signature]</i>	Date <i>7/8/16</i>
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The above plan of correction was approved by <u>BE</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

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

Regulation
 88d - A staff person who is trained in first aid or certified in obstructed airway techniques or CPR shall provide those services in accordance with his training, unless the resident has a do not resuscitate order.

Violation
 Direct care staff members A, B, C and D, who were the initial responders when Resident #8 collapsed in the bathroom at approximately 8:36 pm on [redacted] 16, did not attempt to resuscitate the resident. Resident #8 requested life-saving measures, including CPR, on a "Pennsylvania Orders for Life-Sustaining Treatment" (POLST) form, dated [redacted] 14. Resident #8 was pronounced dead at 7:15 pm on [redacted] 15.

Plan of Correction

During STAT calls the charge nurse will check the residents file to determine code status prior to responding to a code.

Code status will be reviewed upon admission . The 24 hour report will be checked daily for any changes in code status for any resident. Code status will be checked upon readmission. The nurses will ask the discharging facility or hospital if a new POLST was done. This will let us know if we should expect a new POLST. This will start immediately.

Staff will be educated on the importance of accurate documentation on the 24 hour report.

This will begin immediately and be ongoing.

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

Signature of Legal Entity Representative (Required on all pages) Date 7/8/16

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

Regulation

141a2 - The medical evaluation must include the following:

- (1) A general physical examination by a physician, physician's assistant or nurse practitioner.
- (2) Medical diagnosis including physical or mental disabilities of the resident, if any.
- (3) Medical information pertinent to diagnosis and treatment in case of an emergency.
- (4) Special health or dietary needs of the resident.
- (5) Allergies.
- (6) Immunization history.
- (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
- (8) Body positioning and movement stimulation for residents, if appropriate.
- (9) Health status.
- (10) Mobility assessment, updated annually or at the Department's request.
- (11) An indication that a tuberculin skin test has been administered with negative results within 2 years; or if the tuberculin skin test is positive, the result of a chest X-ray. In the event a tuberculin skin test has not been administered, the test shall be administered within 15 days after admission.
- (12) Information about a resident's day-to-day assisted living service needs.

Violation

There was no tuberculin skin test or chest X-ray documentation on the medical evaluation, dated 3/15/16, for Resident #1 who was admitted on [redacted] 16. No tuberculin skin test was administered within 15 days after admission.

Plan of Correction

Upon admission the medical evaluation will be checked by both the DRC and the RSC. It will be the responsibility of the RSC to follow through if a TB is required. Then, it will be completed within the regulatory guidelines.

Upon the completion of the TB test or chest x-ray the RSC will email the DRC and Administrator of it's completion.

Staff will be educated regarding this procedure.

A spreadsheet will be kept for all residents containing due dates for future TB tests.

Ongoing.

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

Debra Schupf Administrator

Signature of Legal Entity Representative (Required on all pages)

[Signature]

Date

7/5/16

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

Regulation	227d - Each residence shall document in the resident's final support plan the dietary, medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.
Violation	Resident #3 was diagnosed with a stage 2 sacral ulcer on 2/26/16 and received wound care treatments. The final support plan, dated 2/16/16, was not updated to reflect the new diagnosis and the wound care treatments. Resident #4 was diagnosed with an ischemic wound on 2/23/16 and received wound care treatments. The final support plan, dated 2/25/16, was not updated to reflect the new diagnosis and the wound care treatments. Also, a physician consult order for physical and occupational therapy, dated 2/2/16, was not documented in the 2/25/16 final support plan.
Plan of Correction	The RSC will review the 24 hour report on a daily basis. The Support Plan will be updated accordingly with wound care, therapy, new diagnoses etc. and initialed with date and time completed. Upon completion of the RSC updating the Support Plan an initialed copy of the 24 hour report will be given to the DRC. The DRC will randomly review 5 charts per month to ensure accurate updates are put on the Support Plan. This will begin immediately and be ongoing. The support plans for the identified residents were updated immediately. -BE

Printed Name and Title of Legal Entity Representative (Required on all pages)	
Debra Schwartz Administrator	
Signature of Legal Entity Representative (Required on all pages)	Date
<i>[Signature]</i>	7/8/16
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