



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAR 28 2017

Ms. Nancy Woodward,  
Administrator  
UPMC Senior Communities  
896 Weatherwood Lane  
Greensburg, Pennsylvania 15601

RE: Weatherwood Manor  
License #: 444700

Dear Ms. Woodward:

As a result of the Department of Human Services' annual licensing inspections on October 4, 2016, October 5, 2016 and October 12, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

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**

<b>PCH Name:</b> Weatherwood Manor	<b>License Number:</b> 444700
<b>Address:</b> 896 Weatherwood Lane Greensburg, Pennsylvania 15601	<b>County:</b> Westmoreland
<b>Administrator:</b> Nancy Woodward	
<b>Legal Entity Name:</b> UPMC Senior Communities	
<b>Legal Entity Address:</b> Forbes Tower, Suite 10055B 200 Lothrop Street Pittsburgh, Pennsylvania 15213	
<b>Certificate(s) of Occupancy:</b> I-1 (Hempfield Twp.) 3/26/13	
<b>Type of Inspection:</b> Full	
<b>Reason(s) for Inspection(s):</b> Renewal, incidents	
<b>On-Site Inspections Dates and Department Representatives On-Site:</b> October 4-5, 2016; October 12, 2016 (Hoover only) Doug Hoover & Dale Rosenblat	
<b>Off-Site Inspection Dates and Inspectors, if Applicable:</b> NA	
<b>Resident Demographic Data as of Inspection Dates</b>	
<b>Licensed Capacity:</b> 100  <b>Number of Residents Served:</b> 73  <b>Secured Dementia Care Unit In Home:</b> No  <b>Area:</b> NA  <b>Secured Unit Capacity, if Applicable:</b> NA  <b>Number of Residents Served in Secured Dementia Care Unit, if applicable:</b> NA  <b>Number of Current Hospice Residents:</b> 9  <b>Number of Hospice Residents in past year:</b> 15	<b>Number of Residents who:</b>  <b>Receive Supplemental Security Income:</b> 0  <b>Are 60 Years of Age or Older:</b> 73  <b>Have Mental Illness:</b> 0  <b>Have an Intellectual Disability:</b> 0  <b>Have a Mobility Need:</b> 19  <b>Have a Physical Disability:</b> 1

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JAN 21 2016

CENTRAL REGION FIELD OFFICE  
Human Services Licensing

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

**Regulation**

65j - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (36 P. S. §§ 10225.101—10225.708).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the residence that were not previously served, if applicable.

**Violation**

Direct care staff member A, hired [REDACTED] 14, did not have the fire safety training, conducted by a fire safety expert, for the 2015 training year.

**Plan of Correction**

*notified [REDACTED] 12-6-16 + 12-7-16 for to schedule training for fire safety class. Will keep log of all employees attending training. The administrator or designee will ensure that all required topics are included in the staff training plan. Staff person training needs will be addressed during the residence's Quality Management reviews. -EE*

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

*Cynthia Galmott*

Signature of Legal Entity Representative (Required on all pages)

*Cynthia Galmott*

Date

*12-7-16*

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

The above plan of correction is approved as of 1-30-17  
(Date)

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

Plan of correction implementation status as of 1-30-17:  
(Date)

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

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

<b>Regulation</b> 141b1 - A resident shall have a medical evaluation at least annually.
<b>Violation</b> The last medical evaluation for Resident #1, admitted on [REDACTED] 15, was dated 8/14/15.
<b>Plan of Correction</b> <i>Administrator or designee</i> <i>SE</i> currently send out reminders 3 months ahead, if did not hear about appointment date in a month will call family about appointment. going forward will send ADME with resident to PCP appointments or fax to office. Administrator or designee will track due dates for each resident to ensure evaluations are completed within required time frames. <i>SE</i>

<b>Printed Name and Title of Legal Entity Representative (Required on all pages)</b> Cynthia Galmott	
<b>Signature of Legal Entity Representative (Required on all pages)</b> <i>Cynthia Galmott</i>	<b>Date</b> 12-7-16
<b>DEPARTMENT USE ONLY – HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u>1-30-17</u> (Date)	Plan of correction implementation status as of <u>1-30-17</u> (Date)
The above plan of correction was approved by <u>SE</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