



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 27 2017

Ms. Debra Schuetz,
Administrator
UPCM 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 25, 2017 and April 26, 2017 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.

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

PCH Name: Seneca Manor	License Number: 444990
Address: 5340 Saltsburg Road Verona, PA 15147	County: Allegheny
Administrator: Debra Schuetz	
Legal Entity Name: UPMC Senior Communities	
Legal Entity Address: Forbes Tower, Suite 10055B 200 Lothrop Street Pittsburgh, PA 15213	
Certificate(s) of Occupancy: I-2 (Municipality of Penn Hills) 4/14/10	
Type of Inspection: Full	
Reason(s) for Inspection(s): Renewal	
On-Site Inspections Dates and Department Representatives On-Site: 4/25/17, 4/26/17 Donald Knee, Courtney Barry, Denise Gillespie	
Off-Site Inspection Dates and Inspectors, if Applicable:	
Resident Demographic Data as of Inspection Dates	
Licensed Capacity: 100 Number of Residents Served: 78 Secured Dementia Care Unit In Home: No Area: N/A Secured Unit Capacity, if Applicable Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 3 Number of Hospice Residents In past year: 12	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 78 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 11 Have a Physical Disability: 1

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WEST REGION FIELD OFFICE
Human Services Licensing

Regulation

2800.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Violation

On 4/25/17 at approximately 10:35 AM, the resident privacy coding document was attached to the posted license inspection summary, dated 4/19/16, that included the names of Resident #6, Resident #7, and Resident #8.

Plan of Correction

The privacy code document was removed from the license inspection summary at 10:36 am on 4/25/17 and destroyed.

Going forward the privacy code page will be removed prior to making available to the public.

Immediately - All staff involved in posting licensing inspection summaries will be reminded to take out privacy coding documents.

On
6/27/17

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

Date 6/19/17 | [Signature]

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The above plan of correction is approved as of 6/27/17
(Date)

The above plan of correction was approved by [Signature]
(Initials)

Plan of correction implementation status as of 6/27/17
(Date)

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

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WEST REGION FIELD OFFICE
Human Services Licensing

Regulation
 2800.65(l) - Training topics for the annual training for direct care staff persons must include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia, cognitive and neurological impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Assisted living service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or an intellectual disability, or both, if the population is served in the residence.

Violation
 The residence's staff training year is 1/1-12/31. Direct care staff person A, hired [redacted] 06, did not receive training on medication self-administration during the 4/1/16 - 3/31/17 training year.

Direct care staff person B, hired [redacted] /15, did not receive training on the following topics during the 4/1/16 - 3/31/17 training year:

- Medication self-administration
- Infection Control

Plan of Correction

Medication Self Administration and infection control are both included on the 2017 annual trainings. (attached)

Both Direct Care Staff person A & B have received the training for Medication self administration. (attached)

Direct Care Staff Person B has completed the infection control training.

* New tracking tool spreadsheet attached.

Immediately - The administrator or designee will review all staff training at least quarterly, to ensure all required topics are completed.

[Signature] 6/27/17

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

Date 6/19/17 *[Signature]*

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WEST REGION FIELD OFFICE
Human Services Licensing

Regulation

2800.05(j) - 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 (35 P.S. § § 10225.101—10225.703).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the residence that were not previously served, if applicable.

Violation

The residence's staff training year is 1/1-12/31. Staff person A, hired [redacted] 06, did not receive training on the following topics during 4/1/16-3/31/17 the training year:

- Fire safety training by a fire safety expert
- Resident rights
- The Older Adult Protective Services Act

Staff person B, hired [redacted] 15, did not receive training on the following topics during 4/1/16-3/31/17 the training year:

- Fire safety training by a fire safety expert
- The Older Adult Protective Services Act

Staff person C, hired [redacted] 09, did not receive training on the following topics during 4/1/16-3/31/17 the training year:

- Fire safety training by a fire safety expert
- Resident rights
- The Older Adult Protective Services Act

Plan of Correction

Specified staff persons have been educated on Resident Rights and OAPSA. (Attached)

Staff Person B attended a Fire Safety Training held on May 26, 2017. It was held with a qualified trainer.

Another Fire Safety training will be held on July 14th when staff persons A & C will attend. Documentation to follow.

* New tracking tool spreadsheet attached immediately - The administrator or designee will review staff training at least quarterly, to ensure all staff complete the required training. *Mark 6/27/17*

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

Date *6/19/17*

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The above plan of correction was approved by *[Signature]* (Initials)

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JUN 19 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Regulation

2800.107(c) - The residence shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Violation

The residence currently serves 75 residents requiring a minimum of 225 gallons of drinking water for a 3-day emergency supply. However, there was only 68 gallons of emergency drinking water onsite and the contractual agreement with a water vendor does not include the following:

- The amount of water to be delivered
- A guarantee that the water will be delivered as a priority even in the event of a regional general emergency

Plan of Correction

The facility has ordered 170 gallons of water. Two gallons will be stored in the upper cabinet of all 82 rooms. These gallons of water will be marked "For Emergency Use Only".

Eighty two gallons of water will be stored in the dietary department. There will be three days of water available on the premises.

On 5/1/17 12 gallons of water were ordered to replenish supply in the dietary department. (receipt attached)

Deep cleaner will check rooms quarterly to ensure that there are 2 gallons of water in each room.

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

Debra Schuetz, Administrator

Date

6/19/17

[Signature]

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WEST REGION FIELD OFFICE
Human Services Licensing

Regulation

2800.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the residence.

Violation

Five minutes and 26 seconds was the residence's maximum evacuation time determined by a fire safety expert on 2/9/16. The residence exceeded this time for the following fire drills:

Date	Time	Evacuation Time
9/28/16	6:14 AM	5 minutes 45 seconds
12/22/16	3:00 AM	6 minutes 50 seconds

Five minutes and 30 seconds is the residence's maximum evacuation time determined by a fire safety expert on 2/21/17. The evacuation time for the fire drill held on 3/29/17 at 6:18 AM was 5 minutes and 45 seconds.

Plan of Correction

Attached is the Penn Hills Fire Marshall's letter of amendment to the Feb 21, 2017 Fire inspection.

This time will remain the same going forward unless there is a physical change to the building.

The letter, dated 6/13/17, indicates a safe evacuation time for Seneca Manor is 10 minutes or less.

The administrator will ensure that all fire drills conducted are completed within the time period specified in writing by the Penn Hills Fire Marshall/Chief Code inspector.

July 6/22/17

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

Date 6/19/17 [Signature]

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WEST REGION FIELD OFFICE
Human Services Licensing

Regulation

2800.161(d) - A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

Violation

Resident #2 was prescribed a mechanical soft diet on 8/11/16 and the resident's assessment, reviewed 3/8/17, includes a mechanical soft diet. However, on 4/26/17, the resident was served and observed eating a chicken breast at lunch. The meat was in a whole piece and the consistency was not altered.

Plan of Correction

A process change has been implemented to communicate diet changes.

- A dietary communication form will be filled out by the nursing staff and will be given to both the dining room manager as well as the Director of Dietary Services.

- A picture of the Resident will be hung on the dietary board with the specified diet

- Residents with a dietary need of mechanical soft will have a maroon placemat to make servers aware of specified diet.

- The dining room manager will in service the serving staff on new process.

Immediately - The administrator or designee will monitor the food served to residents on special diets at least weekly for 2 months to ensure new process is working successfully.

P 6/27/17

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

Debra Schuetz, Administrator

Date

6/19/17

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