



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 08 2018

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

RE: Weatherwood Manor
Certificate #: 444700

Dear Ms. Woodward:

As a result of the Department's Bureau of Human Services Licensing annual inspection on November 1, 2017 and November 2, 2017, of the above facility, the violations with 55 pa. Code Ch. 2800 (relating to Assisted Living Residence) 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, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

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 WEST REGION FIELD OFFICE
 Human Services Licensing

ALR Name: Weatherwood Manor		License Number: 44470
Address: 896 Weatherwood Lane Greensburg, PA 15601		County: Westmoreland
Administrator: Nancy Woodward		
Legal Entity Name: UPMC Senior Communities		
Legal Entity Address: Forbes Tower, Suite 10055B 200 Lorthrop Street Pittsburgh, PA 15213		
Certificate(s) of Occupancy: I-1 (Hempfield Township) 3/26/13		
Type of Inspection: Full		
Reason(s) for inspection(s): Renewal		
On-Site Inspections Dates and Department Representatives On-Site: 11/1/17; 11/2/17; Roser, Ashley and Bedford, Katie		
Off-Site Inspection Dates and Inspectors, if Applicable:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 100	Number of Residents who:	
Number of Residents Served: 86	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: NA	Are 60 Years of Age or Older: 86	
Area:	Have Mental Illness: 1	
Secured Unit Capacity, if Applicable: NA	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable: NA	Have a Mobility Need: 17	
Number of Current Hospice Residents: 7	Have a Physical Disability: 3	
Number of Hospice Residents in past year: 20		

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

WEST REGION FIELD OFFICE
Human Services Licensing

Regulation 65(h)- Direct care staff persons shall have at least 16 hours of annual training relating to their job duties.	
Violation Staff person A, hired on 7/9/12, completed only 12 hours of annual training during the 2016 training year.	
Plan of Correction A new system was put in place in 2017 to ensure the required hours and topics are met by all employees. The Resident Support Coordinator is tracking the training on a spread sheet for easy reference. The administrator is tracking the trainings on a form for each employee. The tracking system established in 2017 will continue to be used for 2018 and on-going. See attached Training Record.	
<p><i>Immediately: The home's new tracking system shall be reviewed during the home's quality management review to ensure all direct care staff persons receive at least 16 hours of annual training related to their job duties. Documentation of the review shall be kept.</i></p> <p style="text-align: right;"><i>5/7/18</i></p>	

Printed Name and Title of Legal Entity Representative (Required on all pages)		Nancy Woodward, Administrator	
Signature of Legal Entity Representative (Required on all pages)		Date	
<i>Nancy Woodward</i>		4-10-18	
DEPARTMENT USE ONLY – HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>5/7/18</u> (Date)		Plan of correction implementation status as of <u>5/7/18</u> (Date)	
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LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa.Code § 2800

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WEST REGION FIELD OFFICE
Human Services Licensing

Regulation 65(l)- Training topics for the annual training for direct care staff persons must include the following:

- 1) Medication self-administration
- 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, incontinence, malnutrition, and dehydration.
- 5) Assisted living service needs of the resident.
- 6) Care for residents with mental illness and mental retardation, or both, if the population is served in the residence.

Violation

Staff person A, hired on 7/9/12, staff person B, hired on 10/5/15, staff person C, hired 1/21/14, and staff person D, hired 5/23/11, did not receiving annual training on the following topics during the 2016 training year:

* Medication self-administration

* Care for residents with mental illness or intellectual disability, or both, if the population is served in the residence.

Currently, the residence serves 1 resident with a mental illness.

Plan of Correction

Training for Medication and Self-Medication is scheduled for all current nurses and Med-Techs on 4/13/18. Training will be provided by the Resident Support Coordinator. Medication Self-administration as well as Caring for Residents with Mental Illness or Intellectual Disability have been added to computer modules making compliance easier to track.

Staff training plan for the year has been completed with required topics. Sign in sheets will continue to be used for documentation of completion.

Immediately: The home shall review all training documents during the home's quality management review to ensure all direct care staff persons receive training on all topics specified in 2800.651, at least annually. Documentation of the review shall be kept. 4/10/18

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 4-10-18

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WEST REGION FIELD OFFICE
Human Services Licensing

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

Regulation 65(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) Residents rights.
- 4) The Older Adult Protective Services Act (35 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

The following staff persons did not receive annual training on fire safety completed by a fire safety expert, or by a staff person trained by a fire safety expert, during the 2016 training year:

- * Staff person A, hired 7/9/12
- * Staff person B, hired 10/5/15
- * Staff person C, hired 1/21/14
- * Staff person D, hired 5/23/11

(REPEAT VIOLATION: 10/4/16, et al)

Plan of Correction

██████████ Fire Safety Expert, provided fire safety training on February 22, 2018. ██████████ Maintenance Director, and ██████████ Administrative Assistant, were trained as trainers and will conduct additional training by July 1, 2018, for those that were not in attendance on 2/22/18. See attached verification of training. Additional training will be provided as needed to ensure compliance. A random audit of training records will be conducted by the administrator to ensure all staff have the training before year end. ██████████ will provide fire safety training annually and ██████████ and ██████████ will also be trained as a trainer to ensure all staff are trained annually.

Immediately: The home shall review all training documents during the home's quality management review to ensure all staff persons receive training on all topics specified in 2800.65j, including fire safety training conducted by a fire safety expert or staff person trained by a fire safety expert, at least annually. Documentation of the review shall be kept.

5/7/18

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Signature of Legal Entity Representative (Required on all pages) <i>Nancy Woodward</i>	Date 4-10-18
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WEST REGION FIELD OFFICE
Human Services Licensing

Regulation 105g- To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Violation

On 11/1/17, at approximately 9:25 a.m., there was an approximate 1" accumulation of lint in both lint traps of the commercial dryers in the 1st floor laundry room.

Plan of Correction

Lint was removed immediately at the time of inspection.
On 11/1/17 and 11/11/17 staff were educated on the importance of removing lint from the dryers after every use.
See attached in-service sign in sheet.
Random checks have been conducted at different times of the day by the administrator and will be documented ongoing to demonstrate completion.

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WEST REGION FIELD OFFICE
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Regulation 132(c)- A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the residence at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Violation

Multiple interviews indicated resident #8 is remaining in his/her bedroom during fire drills and is not being evacuated to designated meeting place or fire safe area; however, this is not indicated on the residence's fire drill records.

Plan of Correction

An in-service has been scheduled for 4/13/18 to educate staff on accurate reporting of residents remaining in their room during fire drill and immediate reporting to the fire safety expert conducting the drill. Documentation of this meeting will be completed.
After every fire drill is conducted the administrator will review the report with the fire safety expert(s) conducting the drill to ensure documentation is accurate.

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

Regulation 132(e)- A fire drill shall be held during sleeping hours once every 6 months.
Violation The most recent fire drill held during sleeping hours was conducted on 3/29/17 at 11:21 p.m.
Plan of Correction A fire drill was conducted during sleeping hours on 11/16/17 at 11:36pm. Fire safety experts conducting fire drills were provided a calendar of when fire drills should be conducted to ensure the night drills occur every six months. A calendar indicating the fire drill schedule was prepared by the administrator and is attached to this report. The administrator will complete a schedule annually.

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Regulation 132(h)- Residents shall evacuate to designated meeting place away from the building or within the fire safe area during each fire drill.

Violation

Multiple interviews indicated resident #8 is remaining in his/her bedroom during fire drills and is not being evacuated to designated meeting place or fire safe area.

Plan of Correction

Staff will be educated on the regulation on 4/13/18 and will have documentation of attendance.

After every fire drill is conducted the administrator will review the procedures of the drill & written report with the fire safety experts conducting the drill to ensure accurate documentation.

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Signature of Legal Entity Representative (Required on all pages) *Nancy Woodward*

Date 4-10-18

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

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Regulation 141(a)- A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, subject to the provisions of 2800.22.

Violation

Resident #3's medical evaluation was completed on 6/15/17. The resident's medical evaluation was updated on 6/29/17 with the date of the completed TB skin test; however, the entry does not include the date, time or the initials of the person who made the entry.

Resident #4's medical evaluation was completed on 5/3/17. The resident's medical evaluation was updated after the in-person evaluation with the date of the TB skin test, completed on 4/26/17; however, the entry does not include the date, time or the initials of the person who made the entry.

Resident #6's medical evaluation was completed 10/3/17. Diagnoses of Diabetes, Hypertension and Hyperlipidemia were added to the resident's medical evaluation after the in-person evaluation; however, the entries do not contain the date, time, person spoken to or the initials of the person who made the entry.

Plan of Correction

TB test will be recorded on face sheet upon admission. Any changes to the ADME will result in an updated form. These processes will be reviewed with nurses at the 4/13/18 staff meeting. A random audit of resident charts will be conducted by the Director of Resident Care once a week for 90 days to ensure the above changes are brought into practice.

Immediately: All LPN's/RN's shall be educated that if medical evaluations are updated after completion, a notation shall be made next to each entry, which includes the staff initials and date the physician indicate the change. L

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

WEST REGION FIELD OFFICE
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Regulation 183d-Only current prescription, OTC medications, sample, and CAM for individuals living in the residence may be kept in the residence.

Violation

On 7/10/17, resident #1 was prescribed Ondanestron HCL 4mg-Take 1 tablet by mouth every 8 hours as needed for 7 days. However, on 11/2/17, the medication was still present in the residence.

Plan of Correction

Nurses will be educated on the cart audit for discontinued medication on 4/13/18.
On-going monthly random checks will be conducted by the Director of Resident Care and/or nurse designee to ensure discontinued medications are removed from the facility.

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Signature of Legal Entity Representative (Required on all pages) *Nancy Woodward* Date 4-10-18

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

WEST REGION FIELD OFFICE
Human Services Licensing

Regulation 183e-Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture, and light and in accordance with the manufacturer's instructions.

Violation

On 11/2/17, an open and undated bottle of Prednisdone Acetate eyedrops, belonging to resident #5, was present in the residence. According to the manufacturer's instructions, this medication expires 28 days after opening. The eye drops were dispensed to the residence from the pharmacy on 9/16/17.

Plan of Correction

LPNs and Med Techs will be educated on 4/13/18 on the process of documenting an open date for eye drops and an expiration date. If eye drops are open when a resident is admitted, the dispensing date will be used as the open date. Expiration stickers will be purchased by April 30, 2018, to be placed on the eye drop bottles. A random audit for compliance will be conducted by the Director of Resident Care weekly for 90 days.

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Assisted Living Residences – 55 Pa.Code § 2800

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Regulation 187(b)- The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Violation

According to the residence, the residence's electronic medication administration records (E-MAR's) went offline numerous times in October 2017. The outage caused the staff of the residence to be unable to sign off on medication administration on resident E-MAR's, for multiple residents, including residents #3 and #6, during multiple times on 10/1/17, 10/2/17, 10/4/17 and 10/5/17.

Plan of Correction

Resident #3 did not receive medications because he was hospitalized on 9/29/17 and returned on 10/2/17 at 8:40pm/ Medications resumed at 9pm on 10/2/17. It appears that medication were missed because the pharmacy changed his status in the computer as missed medications vs. hospitalization.

Resident #6 did not miss any medications, Please see attachment for details, Effective 4/9/18 the Director of Resident care or Designee will conduct weekly audits to ensure accurate coding for current resident status such as hospitalization, leave of absence or discharge.

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Regulation 203(b)1- Half-length rails are permitted only if the following conditions are met:
(1) The resident's assessment or support plan, or both, addresses the medical symptoms necessitating the use of half-length rails and the health and safety protection necessary in order to safely use half-length rails.

Violation
Resident #3 was prescribed half-length bed rails for repositioning on 6/30/17; however, the resident's assessment and support plan, dated 7/13/17, does not address the use of the half-length bed rails.

Plan of Correction

Resident #3 reassessed and bed rails discharged.
Effective 4/9/18 the Director of Resident Care will conduct on-going weekly random audits to ensure there is correct documentation on resident's assessments and support plans.

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