



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 30 2018

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's Bureau of Human Services Licensing annual inspection on May 14, 2018 and May 15, 2018, 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 that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

ALR Name: Seneca Manor	License Number: 444990
Address: 5340 Saltsburg Road Verona, PA 15147	County: Allegheny
Administrator: Debra Shuetz	
Legal Entity Name: UPMC Senior Communities	
Legal Entity Address: Forbes Tower Suite 10055B 200 Lothrop Street Pittsburgh, PA 15213	
RECEIVED	
Certificate(s) of Occupancy: I-2 4/14/2010 <i>Municipality of Penn Hills</i>	
JUL 24 2018	
WEST REGION FIELD OFFICE Human Services Licensing	
Type of Inspection: Full	
Reason(s) for Inspection(s): Renewal	
On-Site Inspections Dates and Department Representatives On-Site: 5/14/2018, 5/15/2018 Joshua Hoover, Desmond Grace	
Off-Site Inspection Dates and Inspectors, if Applicable: N/A	
Resident Demographic Data as of Inspection Dates	
Licensed Capacity: 100 Number of Residents Served: 80 Secured Dementia Care Unit in Home: No Area: N/A Secured Unit Capacity, if Applicable: N/A Number of Residents Served in Secured Dementia Care Unit, if applicable: N/A Number of Current Hospice Residents: 4 Number of Hospice Residents in past year: 15	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 80 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 6 Have a Physical Disability: 1

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

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JUL 24 2018

SENECA MANOR – 44499-5/14/18

WEST REGION FIELD OFFICE
 Human Services Licensing

Regulation 3(d)

The assisted living residence shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the assisted living residence.

Violation

The licensing inspection summary dated 4/25/2017 was not posted in a conspicuous and public place in the residence.

Plan of Correction

A binder has been utilized to store the inspection summary. It will be kept at the front reception desk. It will not include the privacy summary.

The Administrator placed the summary in the binder which was placed at the front desk making it available to anyone who wishes to view it. This will be a permanent placement going forward from May 18, 2018

The privacy code is not attached.

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

Debra Schuetz, Administrator

Signature of Legal Entity Representative (Required on all pages)

Debra Schuetz

Date

7.23.18

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

The above plan of correction is approved as of

8/20/18
(Date)

Plan of correction implementation status as of

8/20/18
(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

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WEST REGION FIELD OFFICE
Human Services Licensing

SENECA MANOR – 44499-5/14/18

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 5/14/2018, at approximately 10:23a.m., the "ADL book" for the 2nd floor was unlocked, accessible and unattended on a table in the 2nd floor common area. The book included treatment records and assessments and support plans for multiple residents, including residents #1 and #2.

On 5/15/2018 at approximately 1:10p.m., the 1st floor nurses station was unlocked, open, and unattended. Resident records, including medical evaluations, assessment and support plans, physician orders, test results, and insurance information for all residents are stored in this area on open racks, including those of residents #3 and #4.

Repeat Violation: 4/25/2017

Plan of Correction

On 5/14/18, staff was verbally educated to not leave the ADL Book unattended in a common area. On 6-12-18 during the staff meeting, staff was educated to keep the ADL Books on 1st floor in nurses station, 2nd floor in locked linen closet and 3rd floor in locked storage room when not in use.

On 5/15/18 staff was verbally educated to not leave the nurses station unlocked when unattended. Again in staff meeting on 6-12-18.

Floors will be mentored throughout all shifts to make sure books are not unattended and nurses station is locked at random times throughout all shifts by Administrator, DEC, RSC + charge nurse.

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

Melissa Calcagno RN DEC

Signature of Legal Entity Representative (Required on all pages)

Melissa Calcagno RN DEC

Date

7-20-18

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(Date)

Plan of correction implementation status as of 8/20/18
(Date)

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(Initials)

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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

SENECA MANOR – 44499-5/14/18

Regulation 2800.65 (g)(2)

Direct care staff persons may not provide unsupervised assisted living services until completion of 18 hours of training in the following areas: Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Violation

Staff person A, hired on 12/14/2015, has not successfully completed the Department-approved direct care training course and passed the competency test.

Plan of Correction

Staff person A. successfully completed the Department Approved DCT course. Copy of certificate attached. Copy scan to HR for backup going forward so paperwork is not misplaced.

Immediately - The administrator will develop and implement a tracking system to ensure all new employees receive all required training before providing direct care services.

Gasolip

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

Melissa Calcagno RN DCC

Signature of Legal Entity Representative (Required on all pages)

Melissa Calcagno RN DCC

Date *7-20-18*

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SENECA MANOR – 44499-5/14/18

WEST REGION FIELD OFFICE
 Human Services Licensing

Regulation 2800.81(a)

The residence shall provide or arrange for physical site accommodations and equipment necessary to meet the health and safety needs of a resident with a disability and to allow safe movement within the residence and exiting from the residence.

Violation

Resident #5 requires continuous oxygen. The residence utilizes an oxygen concentrator to fill several portable oxygen tanks for when residents move about the home. On 5/12/2018, the residence failed to provide a portable oxygen tank to the resident in order for resident #5 to eat lunch in the dining room. Resident #5 had to remain in his/her room during lunch and until a portable tank could be filled.

Plan of Correction

Staff was educated on how to fill O2 tanks and introduced to the O2 refill tool (copy attached) on 6-4, 6-8-18. We will monitor weekly for 4 weeks, then monthly.

Immediately - The administrator will ensure a supply of portable oxygen tanks, that are full, is maintained in the home at all times.

Staff

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

Melissa Calcaeno RN ORC

Signature of Legal Entity Representative (Required on all pages)

Melissa Calcaeno RN ORC

Date

7-20-18

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SENECA MANOR – 44499-5/14/18

WEST REGION FIELD OFFICE
 Human Services Licensing

Regulation 2800.82(a)
 Poisonous materials shall be stored in their original, labeled containers.

Violation
 On 5/14/2018, there was an unlabeled 32-ounce spray bottle 1/2 full of a purple liquid in the kitchen. Kitchen staff indicated that the substance was Enviro-Solutions glass cleaner. The manufacturer's MSDS sheet for this product indicates "seek medical assistance" if ingested.

Plan of Correction

Chemicals will be used in labeled containers only. Allegeny Supply has sent spray bottles with the proper labels.

6 Bottles of Window Clean labels and 8 bottles of Sanitizer.

Staff educated regarding the use of labeled bottles only.

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

Signature of Legal Entity Representative (Required on all pages) *Debra Schuetz* Date *7-23-18*

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SENECA MANOR – 44499-5/14/18

Regulation 2800.88(a)
 Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Violation
 The handicapped accessible door leading from the 1st floor kitchenette to the rear patio does not open when the "open" button is pushed.

Plan of Correction

We have requested the services of "Automated Entrance" to either repair the current door or the door will be replaced and updated to work as intended.

Upon completion of the work the invoice will be sent to the bureau to verify working condition. Our Maintenance person did fix the door on May 17, 2018. It did however begin to malfunction again. Therefore, we are bringing in professionals to fix it.
 * This door was fixed professionally on 7.23.18. Invoice attached.

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

Signature of Legal Entity Representative (Required on all pages) [Signature] Date 7.23.18

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SENECA MANOR – 44499-5/14/18

Regulation 2800.92

Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Violation

The screen for the window in bedroom #301 had a hole measuring approximately 6 inches by 3 inches on the bottom left, a hole measuring approximately 2 inches by 2 inches on the bottom right, and a hole measuring approximately 3 inches by 2 inches on the top left of the screen.

Plan of Correction

On May 25, 2018 the screen in 301 was replaced by Maintenance. During the week of July 16th, 2018. The housekeepers were given the task of going to each room and checking the screens along with the emergency numbers and accessibility to a lamp. The attached list are the items that were found. As of July 20, 2018 all of these items have been rectified by staff. The housekeepers will continue to look for these three issues on their weekly cleaning and inform the Administrator of any non compliance which will be fixed ASAP.

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

Debra Schuetz, Administrator

Signature of Legal Entity Representative (Required on all pages)

Debra Schuetz

Date

7.23.18

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WEST REGION FIELD OFFICE
Human Services Licensing

SENECA MANOR – 44499-5/14/18

Regulation 2800.101(j)(7)

Each resident shall have the following in the living unit: An operable lamp or other source of lighting that can be turned on at bedside.

Violation

On 5/14/2018, there was no source of lighting that can be turned on/off from bedside for resident #6. The lamp for the resident was not within reach from the bed.

On 5/14/2018, there was no source of lighting that can be turned on/off from bedside for resident #7. The lamp for the resident was not within reach from the bed.

On 5/14/2018, the bedside lamp for resident #8 was not operable.

Plan of Correction

During the week of July 16, 2018 the housekeepers were given the task to check all rooms for accessibility of lamps the attached list are the items that needed correcting. As of July 20, 2018 all of the items have been corrected.

* See page 9 for plan going forward.

Immediately - Designated staff persons have been educated on this requirement and are monitoring lamps and other maintenance in resident bedroom at least weekly. The administrator will be informed of any issues.

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

Debra Schultz, Administrator

Signature of Legal Entity Representative (Required on all pages)

Debra Schultz

Date

7-23-18

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

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JUL 24 2018

EAST REGION FIELD OFFICE
 Human Services Licensing

SENECA MANOR – 44499-5/14/18

Regulation Pa Code 55 Ch. 2800
2800.103(f)

Food requiring refrigeration shall be stored at or below 40° F. Frozen food shall be kept at or below 0° F. Thermometers are required in refrigerators and freezers.

Violation

On 5/14/2018 at approximately 11:30 a.m., the temperature of the walk-in freezer measured 8 degrees Fahrenheit. The temperature of the freezer measured 4 degrees Fahrenheit at 3:00 p.m.

Plan of Correction

Maintenance worked on freezer to make the necessary adjustments to keep the freezer at or below zero. A daily reading is taken twice a day, first thing in the morning and at the end of the evening. A chart is maintained for the Dietary Manager and maintenance department to ensure all refrigeration is working properly. The dietary manager will do random audits.

*on all freezers and refrigerators
 8/20/18*

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

Signature of Legal Entity Representative (Required on all pages) *Debra Schuetz* Date 7.23.18

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

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JUL 24 2018

EAST REGION FIELD OFFICE
 Human Services Licensing

SENECA MANOR – 44499-5/14/18

Regulation 2800.127

Portable space heaters are prohibited.

Violation

There was a portable space heater in the 2nd floor mechanical room.

Plan of Correction

The portable space heater was removed from the mechanical room and then removed from the premises. This heater belonged to a resident when she moved in and was removed by Maintenance. The family was to pick it up but did not. It was put in the dumpster May 16, 2018. No space heaters are used in the building. No space heaters will be stored in the building going forward.

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

7.23.18

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WEST REGION FIELD OFFICE
 Human Services Licensing

SENECA MANOR – 44499-5/14/18

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
 On 10/26/2017, a fire drill was conducted. There were 81 residents present in the home; however, only 80 residents evacuated during the drill.

Repeat Violation: 4/25/2017

Plan of Correction

During the fire drill of 10/26/17 a resident refused to leave [redacted] bed. [redacted] began gagging and stating that [redacted] would throw up if moved. All other residents were evacuated. The Administrator spoke to the resident immediately after the fire drill. [redacted] was given the attached letter. Since the letter, [redacted] has been cooperative. The Residents family was also informed.

The Administrator informed the resident of the 2800 regulations and the importance of the fire drill. This residents cooperation will be monitored going forward.

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 7.23.18

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LICENSING INSPECTION SUMMARY

Assisted Living Residences – 55 Pa.Code § 2800

JUL 24 2018
EAST REGION FIELD OFFICE
Human Services Licensing

SENECA MANOR – 44499-5/14/18

Regulation 2800.181(c)

The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2800.227(e) (relating to development of the final support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Violation

Resident #9 is not assessed as able to self-administer medication. The resident is ordered Flonase 50 mcg, two sprays in each nostril daily and Deep-Sea Spray .65%, two sprays in each nostril daily. These medications are left at the resident's bedside for self-administration.

Plan of Correction

who wishes to self-administer medications
A Resident will be assessed to see if they are capable of self administering medications. If able, resident will be reassessed quarterly and with any significant changes. Resident will keep medications stored and locked away from other residents. Staff will check daily to assure meds are locked up. Resident no longer resides at Seneca Manor.

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

Melissa Calcagno RN DCC

Signature of Legal Entity Representative (Required on all pages)

Melissa Calcagno RN DCC

Date

7.20.18

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The above plan of correction is approved as of

8/20/18

(Date)

Plan of correction implementation status as of

9/10/18

(Date)

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

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JUL 24 2018

WEST REGION FIELD OFFICE
 Human Services Licensing

SENECA MANOR – 44499-5/14/18

Regulation 2800.183(b)

Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes unless kept in the resident's living unit.

Violation

On 5/15/2018, a bottle of Flonase 50mcg and a bottle of Deep Sea Spray .65% were unlocked and accessible on resident #9's bedside table. The resident indicated he/she does not lock his/her room when it is empty.

On 5/15/2018 at approximately 1:10 p.m., the 1st floor nurses station was unlocked, open, and unattended. The unlocked medication cart for the 1st floor of the residence was in this area. Medications for residents of the 1st floor were stored in the cart, including all medications for residents #6 and #10.

On 5/15/2018 at approximately 2:47 p.m., the 1st floor medication room was unlocked, open, and unattended. Several cards of medication for resident #11 were on the counter of the medication room, including Ibuprofen 400mg, Multaq tabs 400mg, and Metoprolol tartrate 25mg.

Plan of Correction

Resident will keep meds locked in a secure place away from other residents and will lock door when apt is empty. Resident no longer resides at Seneca Manor.

Staff was educated on keeping the nurses station locked when unattended, med carts locked when unattended and the med room locked when unattended. DRC, RSC & Administrator will monitor it throughout the day.

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

Melissa Calcagno RN DCC

Signature of Legal Entity Representative (Required on all pages)

Melissa Calcagno RN DCC

Date

7-20-18

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JUL 24 2018

2017 REGION FIELD OFFICE
Human Services Licensing

LICENSING INSPECTION SUMMARY

Assisted Living Residences – 55 Pa.Code § 2800

SENECA MANOR – 44499-5/14/18

Regulation 2800.184(a)
The original container for prescription medications must be labeled with a pharmacy label that includes the following:
(1) The resident's name.
(2) The name of the medication.
(3) The date the prescription was issued.
(4) The prescribed dosage and instructions for administration.
(5) The name and title of the prescriber.

Violation
Resident #7 is ordered Artificial tears solution 1.4% OP, 2 drops in each eye twice daily and 1 drop in each eye 4 times daily as needed for dry eyes; however, the label for this medication did not include the dosage and instructions for the straight order.

Resident #8 is ordered Lantus Solostar, inject 25 units subcutaneously once daily; however, the label for this medication indicates "Inject 30 units subcutaneously once daily."

Resident #8 is ordered Tramadol 50mg, take 25mg (1/2 tablet) every 4 hours as needed for moderate breakthrough pain; however, the label for this medication indicates "take 1 tablet by mouth twice a day."

Resident #9 is ordered Senna 8.6mg, take 2 tablets every 3rd day if no bowel movement; however, the label on the resident's medication indicates "take 1 tab every other day if no bowel movement."

Resident #12 is ordered Furosemide 20mg, take 2 tablets by mouth twice daily; however, there were 3 cards of medication for the resident that were labeled "Furosemide 40mg, take 1 tablet by mouth daily" and one bottle of Furosemide 20 mg that was labeled "take 3 tabs daily."

Plan of Correction
Resident #7 it is an OTC medication there is NO label. A ✓ order sticker will be applied to the medication.
Resident #8 A ✓ order sticker will be applied to pen, pen and order will be placed in bag
Resident #8 correct order was in hospice binder. Hospice binder has been discontinued and all records are placed in chart ✓ order sticker applied to medication
Senna had a ✓ order sticker applied to medication
Resident #12 ✓ order label applied to cards which came with resident from skilled facility
✓ order label placed on bottles from VA.

Charge nurse will monitor residents weekly x4wks then monthly.

Printed Name and Title of Legal Entity Representative (Required on all pages)
Melissa Calceano RN DCC

Signature of Legal Entity Representative (Required on all pages) Date 7-20-18
Melissa Calceano RN DCC

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 Human Services Licensing

SENECA MANOR – 44499-5/14/18

Regulation 2800.185(a)

The residence shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Violation

The glucometer for resident #6 was not calibrated to the current date and time.

On 5/15/2018, the Lantus Solostar injector pen for resident #8 was open and had been previously used; however, it was not labeled with the date opened.

Staff person B indicated that the residence utilizes a "facility glucometer" to test residents' blood glucose if the residents run out of supplies or if there is a problem with their glucometers. The facility glucometer is kept in a drawer in the 1st floor medication room.

Plan of Correction

#6 Glucometer has been calibrated + date corrected. Night shift nurse will check + calibrate glucometers weekly x 4 wks then monthly.

Insulin pens will have a open date sticker placed on them when open.

Glucometers are placed in residents rooms.

"Facility glucometer" has been thrown away.

Immediately - The charge nurse will monitor the medication cart and complete a medication audit weekly for 4 weeks and at least monthly thereafter, to ensure medication labels are correct, glucometers are calibrated, and medication dated where required.

8/20/18

At no time will glucometers be used on more than one resident

Printed Name and Title of Legal Entity Representative (Required on all pages)
 Melissa Calcagno RJ DRC *8/20/18*

Signature of Legal Entity Representative (Required on all pages) Date 7-20-18
Melissa Calcagno RJ DRC

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The above plan of correction is approved as of <u>8/20/18</u> (Date)	Plan of correction implementation status as of <u>8/20/18</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></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

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JUL 24 2018

EAST REGION FIELD OFFICE
 Human Services Licensing

SENECA MANOR – 44499-5/14/18

Regulation 2800.190(a)

A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Violation

Direct care staff person C has not had an annual medication administration practicum since 4/12/2016. Staff person C administers medications to residents, including administration of resident #8's Carb/Levo, MAPAP, and Gabapentin, at 5:00 p.m. on 5/14/2018.

Plan of Correction

Staff person C's paperwork was not in one area. All medtech paper work is in a binder kept in the RSC office. DRG+ESC to monitor and keep Papers organized.

Staff person C completed practicums on 4/20/17, 10/20/17 and 4/12/18.

Dr. Skolko
 The administrator will ensure a tracking system is in place for staff medication training.

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

Melissa Calcasius RN DEC

Signature of Legal Entity Representative (Required on all pages)

Melissa Calcasius RN DEC

Date

7-20-18

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 (Initials)

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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

SENECA MANOR – 44499-5/14/18

Regulation 2800.224(a)(5)

The written initial assessment must, at a minimum include the following:

- (i) The individual's need for assistance with ADLs and IADLs.
- (ii) The mobility needs of the individual.
- (iii) The ability of the individual to self-administer medication.
- (iv) The individual's medical history, medical conditions, and current medical status and how they impact or interact with the individual's service needs.
- (v) The individual's need for supplemental health care services.
- (vi) The individual's need for special diet or meal requirements.
- (vii) The individual's ability to safely operate key-locking devices.
- (viii) The individual's ability to evacuate from the residence.

Violation

The assessment for resident #3, dated 3/21/2018, does not include the diagnoses of anemia, edema, and wheezing, as indicated by the medical evaluation dated 3/14/2018.

The assessment for resident #4, dated 12/8/2017, indicates "not applicable" for ambulating. The resident ambulates short distances independently with a walker and is assisted with long distance ambulation. Also, the assessment does not include the diagnoses of COPD, osteoarthritis, hypertension, anemia, chronic pain, edema, depression, overactive bladder, and GERD, as indicated on the resident's MAR.

The assessment for resident #9, dated 3/27/2018, does not indicate any medical diagnoses; however, the resident's medical evaluation and medication administration record indicate the diagnoses of history of aortic valve replacement, non-ST-elevation myocardial infarction, arteriosclerotic heart disease, coronary artery disease, COPD, diabetes, and unstable gait.

Plan of Correction

All assessments have been corrected to include all diagnosis. We will continue to include All diagnosis on care plan.

Assessment #3 had all diagnosis from AOME originally on care plan additional dx added.

Assessment #9 had all diagnosis from AOME originally on care plan additional dx from MAR added. Immediately - The administrator or designee will review all assessments of current residents to ensure they are completed fully and are accurate.

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

Melissa Calcoano RN DRC

Signature of Legal Entity Representative (Required on all pages)

Melissa Calcoano RN DRC

Date

7-20-18

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SENECA MANOR – 44499-5/14/18

Regulation 2800.227(a)

Each resident requiring services shall have a written final support plan developed and implemented within 30 days after admission to the residence. The final support plan shall be documented on the Department's support plan form.

Violation

The support plan for resident #12, dated 5/8/2018, does not address the need for coccyx wound care, as indicated in the resident's recent hospital discharge records, dated 5/10/2018.

The support plan for resident #13, dated 4/3/2018, does not address the order that the resident may not use a straw to drink fluids, as indicated on the medical evaluation dated 3/13/2018.

Plan of Correction

#12. There is no wound present on coccyx, order is for barrier cream + zinc oxide. Care plan was being updated to to returning to facility 5/11. Care plan is updated. copy attached.

Immediately - The administrative or designee will review the support plans of all current residents to ensure they are complete and accurate.

8/20/18

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

Melissa Calcano RN DRC

Signature of Legal Entity Representative (Required on all pages)

Melissa Calcano RN DRC

Date *7.20.18*

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WEST REGION FIELD OFFICE:
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SENECA MANOR – 44499-5/14/18

Regulation 2800.252(3)

Each resident's record must include the following information: A photograph of the resident that is no more than 2 years old.

Violation

The most recent photograph in resident #8's record is dated 8/26/2015.

Plan of Correction

The 2 year pictures were taken of residents during the last 2 weeks of March 2018 to prepare for the annual inspection. This resident was out of the building from 3/13/18 to 4/9/18. The resident returned on hospice and his picture was not updated. This picture was taken on 5/18/18 to update his file.

Pictures are taken of Residents upon admission and now every year to update. The next whole facility photo's will be taken in March of 2019 by the Activity Director.

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 7.23.18

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