



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

DEC 04 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, 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](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

11/29/2018

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

Western Region Field Office  
 Bureau of Human Services Licensing

<b>Name of Assisted Living Residence:</b> Weatherwood Manor		<b>License Number:</b> 444700
<b>Address:</b>  896 Weatherwood Lane, Greensburg PA 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 100558, 200 Lothrop St, Pittsburgh PA 15213		
<b>Certificate(s) of Occupancy:</b> I-1 (Hempfield Township) 3/26/13		
<b>Type of Inspection:</b> Full		
<b>Reason(s) for Inspection(s):</b> Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site:</b> 11/1/18; Duncan, Amy; Roser, Ashley; Mulick, Cindy		
<b>Off-Site Inspection Dates and Inspectors, if Applicable:</b>		
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity:</b> 100	<b>Number of Residents who:</b>	
<b>Number of Residents Served:</b> 82	<b>Receive Supplemental Security Income:</b> 0	
<b>Secured Dementia Care Unit in Home:</b> NA	<b>Are 60 Years of Age or Older:</b> 82	
<b>Area:</b> NA	<b>Have Mental Illness:</b> 1	
<b>Secured Unit Capacity, if Applicable:</b> NA	<b>Have an Intellectual Disability:</b> 0	
<b>Number of Residents Served in Secured Dementia Care Unit, if applicable:</b> NA	<b>Have a Mobility Need:</b> 22	
<b>Number of Current Hospice Residents:</b> 8	<b>Have a Physical Disability:</b> 3	
<b>Number of Hospice Residents in past year:</b> 20		

11/29/2018

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

Western Region Field Office  
 Bureau of Human Services Licensing

**Regulation 55 Pa.Code §2800**

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**

At 10:47 AM, the privacy coding document, including the names of residents #1, #2, #3, #4, #5, #6, #7 and #8 was attached to the license inspection summary, dated 11/1/17 et al., and was posted on the bulletin board near the mailboxes across from the front door.

At 10:57 AM, the 3<sup>rd</sup> floor nurses' desk was unlocked, unattended and accessible. The following packing slips for resident prescriptions were present in the 3<sup>rd</sup> drawer on the left side of the desk, which was unlocked:

- Resident #9, Warfarin TAB 6 mg
- Resident #10, Polyeth Glyc Pow 3350 NF
- Resident #11, Warfarin TAB 2.5 mg
- Resident #12, Buspirone TAB 10 mg

**Plan of Correction**

17

Attachment to inspection summary with resident's names was removed by Cindy Mulick on the day of the inspection. When we receive the final approved inspection report, the Assistant Administrator will witness when the administrator posts the report to ensure the names are not posted.

The packing slips were moved to the locked medication room. Any received packing slips will be stored in the medication room and will be disposed of in a week.

A weekly audit by the administrator will be conducted for three months and then random audits to ensure compliance. Documentation of audits will be maintained.

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

11-29-18

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

The above plan of correction is approved as of 11/29/18  
 (Date)

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

Plan of correction implementation status as of 11/29/18  
 (Date)

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

11/29/2018

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

Western Region Field Office  
Bureau of Human Services Licensing

Regulation 55 Pa.Code §2800

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

Resident #13 is prescribed Morphine Sulfate Oral Solution-100 mg/5 mL-Give 0.5 ml (10 mg) by mouth/under the tongue every one hour as needed for pain or dyspnea (shortness of breath). The home's controlled record log is recorded in doses and indicated 58 doses of Morphine are present; however, 30 ml were present in the bottle.

Plan of Correction

185(a)

A new control sheet has been obtained for more accurate recording of liquid medications. All LPNs and medication technicians will be educated of new control sheet and will be put into place effective 11/30/18.

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

11-29-18

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The above plan of correction is approved as of 11/29/18  
(Date)

*LM*

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

Plan of correction implementation status as of 11/29/18  
(Date)

- Fully Implemented
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11/29/2018

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

Western Region Field Office  
 Bureau of Human Services Licensing

**Regulation 55 Pa.Code §2800**

2800.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

**Violation**

Resident #13 is prescribed Lorazepam-1 mg tablet take ½ tablet by mouth every night at bedtime; however, the resident's October 2018 medication administration record indicates, Lorazepam-1mg-Give 1 tablet by mouth every night at bedtime.

**Plan of Correction**

187(a)

The facility disputes the findings of this violation. See attachment.

This was a new order and was pending on the day of inspection. The 1mg tablets were received that evening from the hospice agency. Amy Duncan was given this information on the day of inspection. See attached. "Approve" in the right hand corner indicates pending.

Immediately, then monthly thereafter: A designated staff person shall review all resident MAR's for accuracy in accordance with prescriber's orders. *JH*

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

*11-29-18*

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 (Initials)

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 (Date)

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11/29/2018

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

Western Region Field Office  
 Bureau of Human Services Licensing

**Regulation 55 Pa.Code §2800**

2800.224(c) - Preliminary support plan.

(1) An individual requiring services shall have a written preliminary support plan developed within 30 days prior to admission to the residence unless one of the conditions contained in paragraph (2) applies.

(2) A resident requiring services shall have a written preliminary support plan developed within 15 days after admission if one of the following conditions applies:

- (i) The resident is being admitted directly to the residence from an acute care hospital.
- (ii) The resident is being admitted to escape from an abusive situation.
- (iii) Any other situation where the resident has no alternative living arrangement.

**Violation**

Resident #17's preliminary support plan, dated 10/18/18, indicates the resident requires total supervision and is a resident with total mobility needs; however, the actual description of supervision and mobility needs are not indicated on the resident's support plan.

**Plan of Correction**

224(c)

The Director of Resident Care updated the support plan indicating the resident requires total physical or oral assistance to evacuate in an emergency from one or more staff persons.

An audit will be conducted by the Resident Support Coordinator to ensure the correct information is documented on all support plans. The audit will be completed by December 31, 2018. An on-going audit will be conducted annually and with significant change by the Director of Resident Care or the Resident Support Coordinator. Documentation of audits will be maintained.

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

*Kenny Woodard, Administrator*

Signature of Legal Entity Representative (Required on all pages)

*Kenny Woodard*

Date

*11-29-18*

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

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 (Date)

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- Not Implemented

11/29/2018

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

Western Region Field Office  
 Bureau of Human Services Licensing

**Regulation 55 Pa.Code §2800**

2800.227(d) - 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. This requirement does not require a residence to pay for the cost of these medical and behavioral care services. The final support plan must document the assisted living services and supplemental health care services, if applicable, that will be provided to the resident.

**Violation**

The most recent quarterly assessment and support plan for resident #14, dated 10/22/18, indicates the resident requires moderate supervision and is a resident with minimal mobility needs; however, the actual description of supervision and mobility needs are not indicated on the resident's support plan.

The most recent quarterly assessment and support plan for resident #16, dated 8/6/18, indicates the resident requires extensive supervision and is a resident with total mobility needs; however, the actual description of supervision and mobility needs are not indicated on the resident's support plan.

**Plan of Correction**

227(d)

The Director of Resident Care updated the support plan of resident #14 under moderate indicating "requires some supervision in the home and needs attendance when outside the home". Under minimal mobility it was added "requires limited physical or oral assistance to evacuate in emergency."

Support plan for resident #16 also was updated under extensive indicating "requires regular supervision in the home." Also added under total was "requires total physical assistance to evacuate in an emergency from one or more staff persons."

Resident Support Coordinator will audit all charts for accuracy. The audit will be completed by 12/31/18. An on-going audit will be conducted weekly by the Director of Resident Care and the Resident Support Coordinator. Documentation of audits will be maintained.

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

Signature of Legal Entity Representative (Required on all pages) *Karen Woodward* Date *11-29-18*

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 (Date)

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