



SENT VIA EMAIL: [grantd@upmc.edu](mailto:grantd@upmc.edu)  
[tamasy12@upmc.edu](mailto:tamasy12@upmc.edu)

MAILING DATE: March 23, 2020

Ms. Laurie Tamasy  
Administrator  
UPMC Senior Communities  
896 Weatherwood Lane  
Greensburg, Pennsylvania 15601

RE: Weatherwood Manor  
Certificate #: 444700

Dear Ms. Tamasy:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 21, 2019, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Jason Williams". The signature is fluid and cursive.

Jason Williams  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

## Facility Information

Name: WEATHERWOOD MANOR

License Number: 44470

Address: 896 WEATHERWOOD LANE,, GREENSBURG, PA 15601

County: WESTMORELAND

Region: WESTERN

## Administrator

Name: LAURIE TAMASY

Phone: 7248532084

Email: GRANTD@UPMC.EDU

## Legal Entity

Name: UPMC SENIOR COMMUNITIES INC

Address: 896 WEATHERWOOD LANE, GREENSBURG, PA, 15601

## Certificate(s) of Occupancy

Type: I-2

Date: 03/26/2013

Issued By: Hempfield Township

## Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 20

Waking Staff: 15

## Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

## Inspection Dates and Department Representative

11/21/2019 - Jan Cutter , Laurie Garrigan, Josh Hoover

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: 100

Residents Served: 82

### Special Care Unit

In Home: No

Area:

Capacity:

Residents Served:

### Hospice

Current Residents: 2

### Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 82

Diagnosed with Mental Illness: 4

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 20

Have Physical Disability: 2

81b Resident equip – good repair

Requirements

2800. 81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident #1's enabler bar is not strapped securely onto the bed. It moves back and forth approximately 2 inches when grabbed and is only attached to a board which is inserted between the mattress and the bed.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)  
  
The enabler bar for Resident #1 has been secured to the bed with the strap that was provided by the manufacturer on the day of inspection.  
  
All other enabler bars being utilized in the facility have been inspected for proper and secure installation (see attached).  
  
Staff will be educated on 2800.81.b, this specific violations and enabler bar safety by 2/28/2020.  
  
A monthly audit of resident enabler bars will be completed by the facility maintenance individual or designee (see attached).  
Documentation of audits will be maintained.

Legal Entity Representative

Signature: *Laurie Tamasy*  
Printed Name and Title: Laurie Tamasy / Administrator  
Date: 1/27/2020

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 3/12/20 (Date)  
The above plan of correction was approved by *JW* (Initials)  
Plan of correction implementation status as of 3/12/20 (Date)  
 Implemented  
 Not Implemented

141a Medical evaluation

Requirements

2800.

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, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

- 11. An indication that a tuberculin skin test has been administered with negative results within 2 years; or if the tuberculin skin test is positive, the result of a chest X-ray. In the event a tuberculin skin test has not been administered, the test shall be administered within 15 days after admission.

Description of Violation

The medical evaluation for resident #2, dated 4/16/2019, does not include whether or not the resident has had a tuberculin test in the past two years..

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

The facility maintains that Resident #2 had all of the required medical information within the regulatory timeframes.

The Director of Resident Care will review the Assisted Living Residence - Documentation of Medical Evaluation (ADME) of every new admission to determine the need to administer a tuberculin skin test. In the absence of a documented tuberculin skin test, the facility will administer a tuberculin skin test within 15 days of admission. Results of the tuberculin skin test will then be documented on the ADME by a registered nurse or a licensed practical nurse after contacting and receiving permission to do so from the individual who performed the evaluation and documenting the date, time, and person spoken to on the ADME.

A monthly audit of the ADME for new residents will be done by the Administrator or designee to verify documentation of the tuberculin skin test (see attached). Documentation of the audits will be maintained.

Legal Entity Representative

*Lauri Tamasy*  
Signature

*Lauri Tamasy / Administrator*  
Printed Name and Title

*1/27/2020*  
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 3/12/20  
(Date)

Plan of correction implementation status as of 3/12/20  
(Date)

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

- Implemented
- Not Implemented

183b Medications and syringes locked

Requirements

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 kept in the resident's living unit.

Description of Violation

On 11/21/2019 at 9:45 am, there was a random Ranitidine tablet unlocked, unattended, and accessible in an empty unused medication cart next to bedroom #108.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

The random Ranitidine tablet was removed and properly wasted.

The unused medication cart next to bedroom #108 has been removed from the facility. The remaining medication carts that are in use have been inspected for any random loose medications (see attached).

Licensed nurses and Medication Technicians will be educated on 2800.183.b, this specific violation and the proper disposal of unsecured medications by 2/28/2020.

An audit of the medication carts will be conducted monthly by the Administrator or designee for random loose medications (see attached).

Legal Entity Representative

*Laurie Tamasy*  
Signature

Laurie Tamasy / Administrator  
Printed Name and Title

1/27/2020  
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 3/12/20  
(Date)

Plan of correction implementation status as of 3/12/20  
(Date)

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

Implemented  
 Not Implemented

184a Labeling

Requirements

2800.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #3 is prescribed Oxycodone/Acetaminophen 5-325 mg, take one tablet by mouth every 6 hours as needed. However, the pharmacy label indicates to take one tablet by mouth every day and every 6 hours as needed.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

The facility applied a change order sticker to the prescription label on the medication card for Resident #3 on the day of inspection.

An audit of current medication orders and pharmacy labels will be completed by 2/14/2020.

Licensed nurses and medication technicians will be educated on 2800.184.a, and this specific violation by 2/28/2020.

A monthly audit of five random medication orders and corresponding pharmacy labels will be completed by the facility Resident Support Coordinator or designee for ongoing compliance (see attached). Documentation of the audits will be maintained.

Legal Entity Representative

*Lauri Tamasy*  
Signature

Lauri Tamasy / Administrator  
Printed Name and Title

1/27/2020  
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 3/12/20  
(Date)

Plan of correction implementation status as of 3/12/20  
(Date)

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

- Implemented
- Not Implemented

185a Storage procedures

Requirements

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.

Description of Violation

It is the home's policy to keep an accurate count of all controlled medications. Resident #2 is prescribed Clonazepam 0.5 mg, take 1/2 tablet by mouth twice daily as needed for anxiety. According to the medication count sheet, on 11/21/2019 at 3:15 pm, there should be 3 tablets remaining. However, there were only 2 tablets remaining in the card.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

The facility determined by comparing the Medication Administration Record for Resident #2 with the number of tablets remaining in the medication card that the licensed practical nurse who administered the medication on 11/17/2019 failed to sign the Controlled Drug Receipt Record/Disposition Form. The licensed practical nurse confirmed that the medication was administered and signed the form.

An audit of all controlled medications ordered was completed and counts were determined to be accurate (see attached).

All licensed nurses and medication technicians will be educated on 2800.185.a, this specific violation and the management of the ongoing inventory of controlled drugs by 2/28/2020.

The ongoing inventory of controlled drugs will be verified to be accurate during the shift to shift count and sign off by one off-going and one on-coming nurse/medication technician.

A monthly audit of five random Controlled Drug Receipt Record/Disposition Form and medication card for accuracy will be completed by the Director of Resident Care or designee (see attached). Documentation of the audits will be maintained.

See page 6a of 7

Legal Entity Representative

*Laura Tamasy*  
Signature

Laura Tamasy / Administrator  
Printed Name and Title

1/27/2020  
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 3/12/20  
(Date)

Plan of correction implementation status as of 3/12/20  
(Date)

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

Implemented  
 Not Implemented

On 1-27-2020 the narcotic count for all the narcotics in the building is correct.

Cynthia Sabry  
1-27-20

Lauri Tamasy, Laura Tamasy / Administrator  
1/27/2020



203 Bedside rails

Requirements

2800.

203.b. 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.

Description of Violation

Half-length rails are used on resident # 4's bed; however, resident #4's assessment and support plan, dated 3/14/19, does not address the medical symptoms necessitating the use of half-length rails or the health and safety protection necessary in order to safely use half-length rails.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

The assessment and support plan for Resident #4 has been updated to include the medical symptom of blindness which necessitates the use of half-length rails.

There are not any other half-length rails being used in the facility.

Upon completion of each quarterly assessment and support plan for Resident #4, the ongoing medical symptom of blindness and continued need for half-length rails will be confirmed.

Legal Entity Representative

*Laurie Tamasy*  
Signature

Laurie Tamasy / Administrator  
Printed Name and Title

1/27/2020  
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 3/12/20  
(Date)

Plan of correction implementation status as of 3/12/20  
(Date)

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

Implemented  
 Not Implemented