



SENT VIA EMAIL: grantd@upmc.edu
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MAILING DATE: July 2, 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 February 3, 2020, 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 that reads "Jody Garvey".

Jody Garvey
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *WEATHERWOOD MANOR*
Address: *896 WEATHERWOOD LANE, GREENSBURG, PA 15601*
County: *WESTMORELAND* Region: *WESTERN*

License Number: *44470*

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-1* Date: Issued By:

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *105* Waking Staff: *79*

Inspection

Type: *Partial* BHA Docket #: Notice: *Unannounced*
Reason: *Complaint*

Inspection Dates and Department Representative

02/03/2020 - On-Site: Desmond Grace

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* Residents Served: *84*

Special Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *84*
Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *21* Have Physical Disability: *2*

42s Privacy - self/possessions

Requirements

2800.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

At 10:30 a.m., there were multiple cameras in the home recording interior hallways and common areas including the following:

- *1st floor right wing, left wing, and center common area
- *2nd floor right wing, left wing, and center common area
- *3rd floor right wing, left wing, and center common area

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 the cameras in the home recording the interior hallways are not a violation of 2800.42.s as the Regulatory Compliance Guide (RCG) states video recording of the interior corridors leading to the entrances and exits is permitted. As required, the facility handbook provided at the time of admission and signage posted throughout the building informs residents that areas are being video recorded (see attached).

The facility cameras will be repositioned so as to eliminate or block the recording of the identified resident accessible areas by 5/13/2020.

The facility receptionists will be educated on 2800.42.and this specific violation by 5/20/2020.

A monthly audit of the facility cameras will be completed by the receptionist for ongoing compliance beginning 5/20/2 (see attached).

Legal Entity Representative

Laurie Tracy
Signature

Laura Tracy / Administrator 5/15/2020
Printed Name and Title Date

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The above plan of correction is approved as of 5/20/20
(Date)

Plan of correction implementation status as of 6/30/20
(Date)

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

Implemented
 Not Implemented

183d Current medications

Requirements

2800.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the residence.

Description of Violation

At 11:15 a.m., the cabinet in the third floor medication room included discontinued medications belonging multiple residents to include the following:

*Resident #1's Warfarin 3mg bubble pack with 4 tablets remaining, discontinued on 12/11/19

*Resident #2's Mucinex 600mg with 27 tablets remaining, discontinued on 1/25/20

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 discontinued Warfarin 3mg bubble pack with 4 tablets remaining for Resident #1 was destroyed on 2/3/2020.

The discontinued Mucinex 600mg with 27 tablets remaining for Resident #2 was destroyed on 2/3/2020.

The facility medication rooms were checked for discontinued medications on 4/17/2020 and any identified discontinued medications were destroyed at that time (see attached).

Licensed Nurses and Medication Technicians were educated on 2800.183.d and this specific violation on 4/21/2020 and 4/22/2020 (see attached).

A monthly audit of the medication rooms will be completed by the Resident Support Coordinator or designee for ongoing compliance beginning 5/31/2020 (see attached). Documentation of the audit will be maintained.

Legal Entity Representative

Laurie Tracy

Signature

Laurie Tracy, Administrator 5/15/2020

Printed Name and Title

Date

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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:

- 1. The resident's name.
- 4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #3 was prescribed Donepezil 10mg-take 1 tablet by mouth daily; however the medication label indicated take by month twice per day.

Resident #4 was prescribed Trazadone 100mg- take 1 tablet by mouth at bedtime; however, the medication label indicated take at bedtime as needed.

Resident #5 was prescribed Gabapentin 300mg-give 1 capsule by mouth three time per day; however, the medication label indicated give 1 capsule at 8 a.m. and 2 p.m., and 2 capsules at 8 p.m.

At 11:15 a.m., there were thirty 3ml vials of Ipratropium Bromide 0.5mg-Albuterol Sulfate 3mg that were not labeled with a resident's name in the cabinet in the third floor medication room.

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 directions change sticker on the medication label for Resident #3 on 2/3/2020 (see attached).

The facility applied a directions change sticker to the medication label for Resident #4 on 2/3/2020 (see attached).

The facility applied a directions change sticker to the medication label for Resident #5 on 2/3/2020 (see attached).

The thirty unlabeled 3ml vials of Ipratropium Bromide 0.5mg-Albuterol Sulfate 3mg were destroyed on 2/3/2020.

Licensed Nurses and Medication Technicians were educated on 2800.184.a and this specific violation on 4/21/2020 and 4/22/2020 (see attached).

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 beginning 5/31/2020. Documentation of the audit will be maintained.

Legal Entity Representative

Laurie Tansy
Signature

Laurie Tansy Administrator 5/15/2020
Printed Name and Title Date

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Implemented
 Not Implemented

184b Resident meds labeled

Requirements

2800.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

At 11:15 a.m., there was a 26.5oz bottle of Polyethylene Glycol 3350mg without a resident's name on it, in the cabinet in the third floor medication room.

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 26.5oz bottle of Polyethylene Glycol 3350mg without a resident name from the cabinet in the third-floor medication room was destroyed on 2/3/2020.

The facility medication rooms were checked on 4/17/2020 for medications without a resident name and any medications without a resident name was destroyed at that time (see attached).

Licensed Nurses and Medication Technicians were educated on 2800.184.b and this specific violation on 4/21/2020 and 4/22/2020 (see attached).

A monthly audit of the medication rooms will be completed by the Resident Support Coordinator or designee for ongoing compliance beginning 5/31/2020. Documentation of the audit will be maintained.

Legal Entity Representative

Laurie Tracy
Signature

Laurie Tracy / Administration 5/15/2020
Printed Name and Title Date

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Implemented
 Not Implemented

187a Medication record

Requirements

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.

Description of Violation

On 1/31/20, resident #6 was prescribed Topamax 100mg-take 1 tablet by mouth daily at bedtime; however, on 2/3/20, the medication was not included on the resident's February 2020 medication administration record (MAR).

Repeat Violation: 11/1/18

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 prescribed Topamax 100mg-take 1 tablet by mouth at bedtime was added to the Medication Administration Record (MAR) for Resident #6 on 2/3/2020 and has remained a current order.

The Licensed Nurses and Medication Technicians were educated on 2800.184.b and this specific violation on 4/21/2020 and 4/22/2020 (see attached).

A quarterly review of the Medication Administration Record (MAR) with physician orders will be completed by the Director of Resident Care or designee for accuracy beginning 5/31/2020. Documentation of the MAR review will be maintained in the resident record.

Legal Entity Representative


Signature


Laurie Tamasz Administrator 5/15/2020
Printed Name and Title Date

187a Medication record *(continued)*

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187d Follow prescriber's orders

Requirements

2800.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #6 was prescribed Topamax 100mg-take 1 tablet by mouth daily at bedtime. However, from 1/31/20 to 2/2/20 the medication was not administered to the resident.

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 prescribed Topamax 100mg-take 1 tablet by mouth at bedtime was added to the Medication Administration Record (MAR) on 2/3/2020 and Resident #6 has been receiving it as ordered.

The Licensed Nurses and Medication Technicians were educated on 2800.187.d, this specific violation and following prescriber directions on 4/21/2020 and 4/22/2020 (see attached).

A quarterly review of the Medication Administration Record (MAR) with physician orders will be completed by the Director of Resident Care or designee for accuracy beginning 5/31/2020. Documentation of the MAR review will be maintained in the resident record.

Legal Entity Representative

Laurie Tracy
Signature

Laurie Tracy Administrator 5/15/2020
Printed Name and Title Date

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