



SENT VIA EMAIL: grantd@upmc.edu
greerl4@upmc.edu
tamasy12@upmc.edu

MAILING DATE: June 29, 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 April 28, 2020; April 29, 2020 and April 30, 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". The signature is written in a cursive style with a large initial "J" and "G".

Jody Garvey
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

RECEIVED
6/8/20
Western Region Field Office
Bureau of Human Services Licensing

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: *tamasy12@upmc.edu*

Legal Entity

Name: *UPMC SENIOR COMMUNITIES INC*
Address: *896 WEATHERWOOD LANE, GREENSBURG, PA, 15601*

Certificate(s) of Occupancy

Type: *I-1* Date: *03/26/2013* Issued By: *Hempfield Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *104* Waking Staff: *78*

Inspection

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

Inspection Dates and Department Representative

04/28/2020 - Off-Site: Laurie Garrigan
04/29/2020 - Off-Site: Laurie Garrigan
04/30/2020 - Off-Site: Laurie Garrigan

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* Residents Served: *79*

Special Care Unit

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

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *79*
Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *25* Have Physical Disability: *2*

42w External appeal procedure

Requirements

2800.

42.w. A resident has the right to use both the home's procedures and external procedures, if any, to appeal involuntary discharge.

Description of Violation

On 4/21/20, the residence issued resident #1 a 30-day written notice of involuntary discharge . The resident's designated person disagreed with the involuntary discharge decision and notified the residence. As of 4/30/20, the residence does not have procedures to appeal involuntary discharge.

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 30 day written notice of involuntary discharge issued on 4/21/2020 for Resident #1 was rescinded and the resident and daughter were notified on 5/1/2020.

There have not been any additioanl 30 day written notices of involuntary discharge issued as of 6/5/2020.

The administrator has reviewed regulation 2800.42.w and the requirement to provide an appeal process for an involuntary discharge on 6/3/2020.

A policy was developed for the Involuntary Discharge Appeal Process with an effective date of 6/3/2020 (see attached).

Any 30 day written notice of involuntary discharge to be issued after 6/5/2020 will include the procedure to appeal.

Legal Entity Representative

Laurie Tamasy
Signature

Laurie Tamasy / Administrator 6/5/2020
Printed Name and Title Date

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The above plan of correction is approved as of 6/10/20
(Date)

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

Plan of correction implementation status as of 6/10/20
(Date)

- Implemented
- Not Implemented

227d Support plan – med/dental

Requirements

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.

Description of Violation

Resident #2's medical evaluation, dated 1/28/20, indicates the following diagnoses: occipital neuralgia, hypertension, cervical spine arthritis, gastroesophageal reflux disease, depression, osteoarthritis, osteoporosis, and cardiac dysthymias. However, resident #2's assessment and support plan (ASP), dated 1/28/20, indicates "medications as ordered by MD" for the plan to meet the residents needs for all of the resident's diagnoses.

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 support plan for Resident #2 has been updated with individualized details of services for each resident diagnosis on 5/6/2020 (see attached).

The support plan for all other residents has been updated with individualized details of services for each diagnosis on 5/8/2020.

The administrator will educate the Director of Resident Care and Resident Support Coordinator on regulation 2800.227.d and this specific violation by 6/5/2020(see attached).

Each resident support plan will be reviewed quarterly and the inclusion of resident specific services for each diagnosis will be verified effective 6/5/2020.

Legal Entity Representative

Laurie Tamasy
Signature

Laurie Tamasy / Administrator 6/5/2020
Printed Name and Title Date

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(Date)

Plan of correction implementation status as of 6/10/20
(Date)

- Implemented
- Not Implemented

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

227k Support plan – copy

Requirements

2800.

227.k. The residence shall give a copy of the final support plan to the resident and the resident’s designated person. The final support plan shall be attached to or incorporated into and serve as part of the resident-residence contract.

Description of Violation

Resident #1's designated person was not given a copy of resident #1's ASP dated 4/8/20.

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 daughter of Resident #1 was given a copy of the ASP dated 4/8/2020 on 6/5/2020.

Each current resident will be provided 2 copies of their current ASP by 6/12/2020.

The administrator or designee will educate the Director of Resident Care and Resident Support Coordinator on regulation 2800.227.k, this specific violation and the requirement to provide 2 copies of the ASP upon completion annually and with a significant change by 6/5/2020 (see attached).

Effective 6/5/2020, each resident will be given 2 copies of the ASP annually and with a significant change. Delivery of the copies will be documented on the ASP.

Legal Entity Representative

Laurie Tomasz
Signature

Laurie Tomasz / Administrator
Printed Name and Title

6/5/2020
Date

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(Date)

Plan of correction implementation status as of 6/10/20
(Date)

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

Implemented
 Not Implemented

228b Discharge or transfer

Requirements

2800.

228.b. If the residence initiates a transfer or discharge of a resident, or if the legal entity chooses to close the residence, the residence shall provide a 30-day advance written notice to the resident, the resident's family or designated person and the referral agent citing the reasons for the transfer or discharge. This shall be stipulated in the resident-residence contract.

1. The 30-day advance written notice must be written in language in which the resident understands, or performed in American Sign Language or presented orally in a language the resident understands if the resident does not speak standard English. The notice must include the following:
 - i. The specific reason for the transfer or discharge.
 - ii. The effective date of the transfer or discharge.
 - iii. The location to which the resident will be transferred or discharged.

Description of Violation

On 4/21/20, the residence issued a 30-day written notice of involuntary discharge to resident #1's designated person. However, the discharge notice did not include the following: the specific reason for the discharge, the effective date of the discharge, or the location to which the resident would be discharged.

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 30 day written notice of involuntary discharge issued on 4/21/2020 for Resident #1 was rescinded and the resident and daughter were notified on 5/1/2020.

There have not been any additional 30 day written notices of involuntary discharge issued as of 6/5/2020.

The administrator has reviewed regulation 2800.228.b and the requirements of a 30 day written notice of involuntary discharge on 6/5/2020.

Any 30 day written notice of involuntary discharge issued after 6/5/2020 will be reviewed by the Director of Resident Care. The Director of Resident Care will confirm that the notice contains the specific reason for transfer or discharge and the location to which the resident will be transferred or discharged prior to the notice being issued.

Legal Entity Representative

Laurie Tamasy
Signature

Laurie Tamasy / Administrator 6/5/2020
Printed Name and Title Date

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(Date)

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

Plan of correction implementation status as of 6/10/20
(Date)

- Implemented
- Not Implemented