

Department of Human Services
Bureau of Human Service Licensing

November 3, 2020

DAN GRANT, CHIEF OPERATING OFFICER
UPMC SENIOR COMMUNITIES INC
896 WEATHERWOOD LANE
GREENSBURG, PA 15601

RE: WEATHERWOOD MANOR
896 WEATHERWOOD LANE
GREENSBURG, PA, 15601
LICENSE/COC#: 44470

Dear Mr. Grant,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/02/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Larry Mazza

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC**

Facility Information

Name: *WEATHERWOOD MANOR* License #: *44470* License Expiration Date: *02/25/2021*
 Address: *896 WEATHERWOOD LANE, GREENSBURG, PA 15601*
 County: *WESTMORELAND* Region: *WESTERN*

Administrator

Name: *Laurie Tamasy* Phone: *7248532084* Email: *tamasy12@UPMC.EDU; greerl4@upmc.edu*

Legal Entity

Name: *UPMC SENIOR COMMUNITIES INC*
 Address: *896 WEATHERWOOD LANE, GREENSBURG, PA, 15601*
 Phone: *7248532084* Email: *GRANTD@UPMC.EDU*

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *90* Waking Staff: *68*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *09/02/2020*

Inspection Dates and Department Representative

09/02/2020 - On-Site: Amy Duncan

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* Residents Served: *70*

Special Care Unit

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

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *70*
 Diagnosed with Mental Illness: *5* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *20* Have Physical Disability: *2*

Inspections / Reviews

09/02/2020 - Partial

Lead Inspector: *Amy Duncan* Follow-Up Type: *POC Submission* Follow-Up Date: *10/03/2020*

Inspections / Reviews *(continued)*

9/30/2020 - POC Submission

Lead Reviewer: *Larry Mazza*Follow-Up Type: *Document Submission*Follow-Up Date: *10/31/2020*

11/3/2020 - Document Submission

Lead Reviewer: *Larry Mazza*Follow-Up Type: *Not Required*

225b Assessment content

1. Requirements

2800.

225.b. The assessment must, at a minimum include the following:

1. The resident’s need for assistance with ADLs and IADLs.
2. The mobility needs of the resident.
3. The ability of the resident to self-administer medication.
4. The resident’s medical history, medical conditions, and current medical status and how these impact or interact with the individual’s service needs.
5. The resident’s need for supplemental health care services.

Description of Violation

Resident #1's most recent assessment, dated 11/29/19, indicates the resident is independent with eating, transferring in/out of bed, toileting, bladder management and ambulating; however, the most recent support plan, dated 8/25/20, indicates the resident requires some type of assistance with these care needs.

Also, resident #1 is assessed as requiring moderate supervision; however, the resident fears being alone, regularly wanders the halls, enters other resident living units and is provided 1:1 care on a daily basis, from the hours of 10:00am-4:00pm.

Plan of Correction

Accept

A Significant Change Assessment and Support Plan for Resident #1 was completed on 9/3/2020 to ensure that the level of supervision or assistance provided is consistent with the assessed needs of the resident.

All other resident assessments and support plans will be reviewed by 10/31/2020 to ensure that the level of supervision or assistance provided is consistent with the assessed needs of the resident.

The Administrator reviewed the requirements of regulation 2800.225.b with the Director of Resident Care and Resident Support Coordinator on 9/29/2020.

The quarterly review of the resident support plan will include verification that the level of supervision or assistance provided is consistent with the assessed needs of the resident. Signature on the resident support plan will verify compliance.

Completion Date: 10/30/2020

Document Submission

Implemented

A significant change assessment and support plan for Resident #1 was completed on 9/3/2020 to ensure that the level of supervision or assistance provided is consistent with the assessed needs of the resident. Documentation previously submitted.

Requirements of regulation 2800.225.b was reviewed with the Director of Resident Care and Resident Support Coordinator on 9/29/2020. Documentation previously submitted.

All resident assessments and support plans were reviewed and corrections made on 10/7/2020. Verification attached.