

Department of Human Services
Bureau of Human Service Licensing

April 22, 2021

██████████ ADMINISTRATOR
UPMC SENIOR COMMUNITIES INC
896 WEATHERWOOD LANE
GREENSBURG, PA 15601

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

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/05/2021, 02/20/2021, 03/02/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Suzy Quinn

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: 02/25/2022
Address: 896 WEATHERWOOD LANE, GREENSBURG, PA 15601
County: WESTMORELAND Region: WESTERN

Administrator

Name: [REDACTED] Phone: 7248532084 Email: [REDACTED]

Legal Entity

Name: UPMC SENIOR COMMUNITIES INC
Address: 896 WEATHERWOOD LANE, GREENSBURG, PA, 15601
Phone: 7248532084 Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 71 Waking Staff: 53

Inspection

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint, Incident Exit Conference Date: 03/02/2021

Inspection Dates and Department Representative

02/05/2021 - On-Site: [REDACTED]
02/20/2021 - Off-Site: [REDACTED]
03/02/2021 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100 Residents Served: 57

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: 57
Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 14 Have Physical Disability: 2

Inspections / Reviews

02/05/2021 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*

Follow-Up Date: *03/13/2021*

3/18/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *04/23/2021*

4/22/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42c Dignity/Respect**1. Requirements**

2800.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On 1/2/21 at approximately 4:00 a.m., direct care staff A was providing direct care to resident #1 in the resident's bathroom, when [REDACTED] stated "I'm getting tired of you going to the bathroom every thirty minutes!" in a harsh tone of voice, which caused the resident to feel shocked and hurt [REDACTED] feelings.

Plan of Correction**Accept**

On 2/8/2021, direct care staff A was educated on the content and approach of [REDACTED] choice of words when interacting with residents. Employee verbalized understanding of [REDACTED] actions.

An in-service on Dignity and Respect will be presented for staff by the administrator or designee by 4/23/2021 with documented attendance.

The administrator or designee will interview 2 residents per week for 3 months to confirm he/she is being treated with dignity and respect.

Completion Date: 04/23/2021

Document Submission**Implemented**

Direct Care Staff A was educated on the requirements of 2800.42.c on 2/8/2021 and 3/10/2021. Record of Training attached.

Staff was in-serviced by the administrator and the [REDACTED] on the requirements of 2800.42.c. Record of Training attached.

On-going Resident Interview audit attached.

187d Follow prescriber's orders**1. Requirements**

2800.

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

Description of Repeat Violation

Resident #2 was prescribed wound care with medi-honey dressing applied to coccyx, cover with foam border dressing every 3 days. However, according to staff interviews, on multiple occasions incorrect bandages were used and documentation indicates that on 1/11/21 a blue padded dressing was applied.

Repeat Violation: 02/3/2020

Plan of Correction**Accept**

The wound care orders for Resident #2 were reviewed with staff responsible for dressing changes.

All other residents were reviewed for wound care orders. The only current wound care order is being completed by the hospice agency 3 times per week.

The Director of Resident Care or designee will review the current wound care order and visually validate the appropriate treatment is in place for 2 wound care orders per week for 3 months.

Completion Date: 04/23/2021

Document Submission**Implemented**

On-going audit regarding wound dressing matching the prescribers order is attached.

225a2 Assessment – significant change

1. Requirements

2800.

225.a.2. The administrator or administrator designee, or an LPN, under the supervision of an RN, or an RN shall complete additional written assessments for each resident. A residence may use its own assessment form if it includes the same information as the Department's assessment form. Additional written assessments shall be completed as follows: If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #2's annual assessment and support plan, dated 8/26/20, was not updated to include the following significant changes:

**On 1/8/21, the resident was diagnosed with an un-staged pressure ulcer and ordered to cleanse with soap and water, apply thin layer of triad ointment then cover with dressing and change daily*

**On 1/12/21, the resident was evaluated and ordered a Hoyer lift for transfers*

Plan of Correction

Accept

The annual assessment and support plan dated 8/26/2020 for Resident #2 was updated to include the un-staged pressure ulcer and wound care order and the ordered hoyer lift on 2/15/2021.

The administrator reviewed the requirements of regulation 2800.225.a.2 with the Director of Resident Care on 3/5/2021.

The annual assessment and support plan for all residents ordered wound care or a mechanical lift will be reviewed and updated as appropriate by 4/23/2021.

The quarterly review of the resident support plan will include documentation of an identified resident significant change. Signature on the resident support plan will verify compliance.

Completion Date: 04/23/2021

Document Submission

Implemented

The updated assessment and support plan for resident #2 is attached.

The Record of Training on the requirements of 2800.225.a.2 for the DRC is attached.

Statement that all resident support plans were reviewed and updated for mechanical lifts and wound care by the DRC is attached.