

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

July 31, 2023

[REDACTED], ADMINISTRATOR  
UPMC SENIOR COMMUNITIES INC  
896 WEATHERWOOD LANE  
GREENSBURG, PA, 15601

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/04/2023, 04/05/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: WEATHERWOOD MANOR License #: 44470 License Expiration: 02/25/2024
Address: 896 WEATHERWOOD LANE, GREENSBURG, PA 15601
County: WESTMORELAND Region: WESTERN

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

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

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 73 Waking Staff: 55

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal, Incident Exit Conference Date: 05/23/2023

Inspection Dates and Department Representative

04/04/2023 - On-Site [Redacted]
04/05/2023 - On-Site [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 100 Residents Served: 53
Special Care Unit
In Home: No Area: Capacity: Residents Served:
Hospice
Current Residents: 9
Number of Residents Who:
Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 53
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 20 Have Physical Disability: 1

Inspections / Reviews

04/04/2023 Full
Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 06/14/2023
06/14/2023 - POC Submission
Submitted By: [Redacted] Date Submitted: 07/27/2023
Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 06/20/2023

Inspections / Reviews *(continued)*

06/16/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/27/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 07/31/2023

07/31/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/27/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

17 Record confidentiality

1. Requirements

2800.

17. Confidentiality of Records - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [redacted] at [redacted], the 1st floor nurse's station was unlocked, unattended, and accessible and contained the face sheets for numerous residents, which included resident names, medical diagnoses, allergies and vaccination information.

Plan of Correction

Accept ([redacted] - 06/16/2023)

The unattended and accessible resident face sheets which include resident names, medical diagnoses, allergies, and vaccination information waeresecured at the time of inspection by closing and locking the door to the 1st floor nurse's station on [redacted]. The other two nurse's station doors were confirmed to be closed and locked on [redacted].

A self-closing mechanism using a spring activated hinge was installed on each of the three nurse's station doors by the maintenance representative on 4/28/2023.

The administrator or designee will educate the staff on the requirements of 2800.17 as it relates to this specific violation by 7/31/2023. Documentation of the education will be maintained.

The administrator or designee will complete a weekly audit verifying the three nurse's station doors are closed and locked when unattended for three months and then monthly for three months for on-going compliance. The audit was initiated on 6/14/2023 and will be discontinued based on three consecutive months of compliance.

Licensee's Proposed Overall Completion Date: 07/31/2023

Implemented ([redacted] - 07/31/2023)

18 Other laws, regs, ordins.

2. Requirements

2800.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standards Act, enacted on 9/23/16, indicates all battery-operated carbon monoxide detectors must be labeled with the date of battery installation. On 4/4/23, the following battery-operated carbon monoxide detectors were not labeled with the date of battery installation:

- The carbon monoxide detector located outside the dining room
- The carbon monoxide detector located outside the laundry room

Plan of Correction

Accept ([redacted] - 06/16/2023)

The maintenance representative produced a preventative maintenance log which documented the battery installation date of all carbon monoxide detectors on 1/6/2023 to the inspector during the survey on 4/4/2023.

This violation was corrected during the survey as the batteries in all carbon monoxide detectors throughout the

**18 Other laws, regs, ordins. (continued)**

facility were labeled with the date of battery installation on 4/4/2023.

The administrator educated the maintenance designee on the requirements of 2800.18 as it relates to this violation on 6/12/2023. Documentation of the education will be maintained.

When the batteries are changed annually, the administrator or designee will verify that the batteries are labeled with the date of installation.

The administrator or designee will complete a monthly audit three months of all carbon monoxide detectors to confirm the battery installation date is present. The audit was initiated on 6/14/2023 and will be discontinued based on three consecutive months of compliance. Documentation of the audit will be maintained.

Licensee's Proposed Overall Completion Date: 07/31/2023

Implemented ( ) - 07/31/2023)

**121a Unobstructed egress****3. Requirements**

2800.

121.a. Stairways, hallways, doorways, passageways and egress routes from living units and from the building must be unlocked and unobstructed.

**Description of Violation**

On 4/4/23 at 10:10am, the exit door from the home's laundry room to the parking lot was locked, blocking the egress from this door.

**Plan of Correction**

Accept ( ) - 06/16/2023)

To ensure compliance with the requirements of 2800.121.a and safety of the facility, the laundry room door to the parking lot was unlocked allowing egress from this door on 6/14/2023. On 6/14/2023, the locking mechanism on this door was changed to hardware that is unlocked and unobstructed allowing for egress from this door while remaining locked from the exterior.

All other exit doors were confirmed to be unlocked and unobstructed on 6/14/2023.

The administrator or designee will audit the facility exit doors for unobstructed egress weekly for four weeks and then monthly for three months. The audit was initiated on 6/14/2023 and will be discontinued based on three consecutive months of compliance. Documentation of the audits will be maintained.

Licensee's Proposed Overall Completion Date: 07/31/2023

Implemented ( ) - 07/31/2023)

**132b Safety inspection/fire drill****4. Requirements**

2800.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

**Description of Violation**

The most recent fire safety inspections and fire drills conducted by a fire safety expert were completed on 6/15/22 and 7/28/22; however, the previous fire safety inspection and fire drill conducted by a fire safety expert was completed on 4/12/21.

132b Safety inspection/fire drill (continued)

Plan of Correction

Accept [redacted] - 06/14/2023)

A fire safety inspection and fire drill were scheduled for and conducted by a fire safety expert on 4/18/2023. The administrator was educated by the Regional Administrator on 6/2/2023 about the requirements of 2800.132.b as it relates to this violation. Documentation of the education will be maintained. The administrator will ensure that the annual fire safety inspection and fire drill will be scheduled and conducted within 12 months of the previous inspection annually. The annual fire safety inspection and fire drill for calendar year 2024 has been scheduled for 4/4/2024.

Licensee's Proposed Overall Completion Date: 07/31/2023

Implemented [redacted] - 07/31/2023)

132c Fire drill records

5. Requirements

2800.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the residence at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on 3/29/23 at 9:49am does not include the number of staff persons who participated in the fire drill.

Plan of Correction

Accept [redacted] - 06/16/2023)

The administrator educated the Administrative Assistant and maintenance representative, the individuals responsible for conducting the fire drills, on the requirements of 2800.132.c as it relates to this violation on 6/12/2023. Documentation of the education will be maintained. The administrator or designee will audit the fire drill records monthly on an on-going basis to ensure that all of the required elements are included on the record. The audit was initiated with the June 2023 fire drill held on 6/7/2023. Documentation of the audits will be maintained.

Licensee's Proposed Overall Completion Date: 07/31/2023

Implemented [redacted] - 07/31/2023)

181a Self-administration assistance

6. Requirements

2800.

181.a. A residence shall provide residents with assistance, as needed, with medication prescribed for the resident's self-administration. This assistance includes helping the resident to remember the schedule for taking the medication, storing the medication in a secure place and offering the resident the medication at the prescribed times.

Description of Violation

On [redacted] at [redacted], 2 of resident #1's [redacted] inhalers were unlocked and unattended in resident #1's living unit. However, resident #1's support plan, dated [redacted], indicates staff will store resident #1's medications in a locked med cart and give at prescribed times.

181a Self administration assistance (continued)

Plan of Correction

Accept [REDACTED] - 06/16/2023)

The [REDACTED] inhaler was removed from Resident #1's living unit and placed in the locked medication cart on 4/5/2023.

All other resident inhalers have been removed from the resident living unit and placed in the locked medication cart. The administrator or designee will educate the nursing staff on the requirements of 2800.181.a as it relates to this specific violation by 7/31/2023.

The Director of Resident Care or designee will audit 5 inhaler orders and verify storage of inhaler in the locked medication cart per week for four weeks then monthly for three months to confirm compliance with this regulation. The audit will begin on 6/15/2023 and will be discontinued based on three consecutive months of compliance. Documentation of the audits will be maintained.

Licensee's Proposed Overall Completion Date: 07/31/2023

Implemented [REDACTED] - 07/31/2023)

185a Storage procedures

7. 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

On [REDACTED], resident #2's glucometer was not set to the current date and time.

Plan of Correction

Accept [REDACTED] - 06/16/2023)

Resident #2's glucometer was set to the correct date and time on [REDACTED] by the Director of Resident Care. All other resident glucometers in use were confirmed to be displaying the correct date and time on [REDACTED].

The administrator or designee will educate the licensed nursing staff and medication technicians on the requirements of 2800.185.a as it relates to this violation by 7/31/2023. Documentation of the education will be maintained.

The Director of Resident Care or designee will audit monthly all glucometers in use for three months to verify the current date and time are being displayed. The audit was initiated on 6/13/2023 and will be discontinued based on three consecutive months of compliance. Documentation of the audits will be maintained.

Licensee's Proposed Overall Completion Date: 07/31/2023

Implemented [REDACTED] - 07/31/2023)

224a5 Written initial assessment

8. Requirements

2800.

224.a.5. The written initial assessment must, at a minimum include the following:

- iv. The individual's medical history, medical conditions, and current medical status and how they impact or interact with the individual's service needs.

Description of Violation

Resident #3's medical evaluation, dated [REDACTED], indicates diagnoses of effusion of left knee and history of falling; however, these diagnoses are not indicated on resident #3's assessment, dated [REDACTED]

224a5 Written initial assessment (continued)

Plan of Correction

Accept ( ) - 06/16/2023)

The support plan for Resident #3 was revised on [redacted] by the Director of Resident Care to include the diagnoses of history of [redacted] and history of [redacted]. A sample of 17 other resident assessments were reviewed by the Director of Resident Care for accuracy and completeness on 6/9/2023.

An additional 6 resident assessments were reviewed by the Director of Resident Care for accuracy and completeness on 6/12/2023. The remaining 34 resident assessments will be reviewed by the Director of Resident Care for accuracy and completeness by 7/31/2023.

The administrator reviewed the requirements of 2800.224.a.5 as it relates to this specific violation with the Director of Resident Care on 6/12/2023. Documentation of the education will be maintained.

With each quarterly review, the support plan will be reviewed by the Director of Resident Care to verify that each diagnosis on the medical evaluation is included on the assessment.

Licensee's Proposed Overall Completion Date: 07/31/2023

Implemented ( ) - 07/31/2023)

251b Record entries - legible

9. Requirements

2800.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Correction fluid was present under the "assessor's printed name" section of resident #3's support plan, dated [redacted].

Plan of Correction

Accept ( ) - 06/16/2023)

To ensure compliance with the requirements of 2800.251.b as it relates to this specific violation, the nursing staff will be educated by the administrator or designee on the appropriate way to correct an error on documentation by 7/31/2023. Documentation of the education will be maintained.

The Director of Resident Care or designee will audit two resident records per week for four weeks and then monthly for three months to verify that correction fluid is not being used. The audit will begin on 6/19/2023 and will be discontinued based on three consecutive months of compliance. Documentation of the audits will be maintained.

Licensee's Proposed Overall Completion Date: 07/31/2023

Implemented ( ) 07/31/2023)