

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

August 1, 2024

[REDACTED], PRESIDENT  
SENECA MANOR, LLC  
[REDACTED]

RE: SENECA MANOR  
5340 SALTSBURG ROAD  
VERONA, PA, 15147  
LICENSE/COC#: 45549

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/13/2024 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: SENECA MANOR License #: 45549 License Expiration: 04/01/2025  
Address: 5340 SALTSBURG ROAD, VERONA, PA 15147  
County: ALLEGHENY Region: WESTERN

**Administrator**

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

**Legal Entity**

Name: SENECA MANOR, LLC

Address: [REDACTED]

Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy****Staffing Hours**

Resident Support Staff: Total Daily Staff: 89 Waking Staff: 67

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:

Reason: Complaint, Incident Exit Conference Date: 06/13/2024

**Inspection Dates and Department Representative**

06/13/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates****General Information**

License Capacity: 100 Residents Served: 62

**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: 62

Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0

Have Mobility Need: 27 Have Physical Disability: 0

**Inspections / Reviews**

06/13/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/07/2024

07/08/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 07/31/2024

Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/12/2024

Inspections / Reviews (*continued*)

## 07/15/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 07/31/2024  
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 07/31/2024

## 08/01/2024 - Document Submission

Submitted By: [REDACTED] Date Submitted: 07/31/2024  
Reviewer: [REDACTED] Follow-Up Type: Not Required

## 42b Abuse/Neglect

## 1. Requirements

2800.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

## Description of Violation

On 5/29/24 at approximately 5:00pm, staff person A, [REDACTED], returned resident #1 to [REDACTED] living unit in [REDACTED] wheelchair after an activity. Upon returning to [REDACTED] living unit, resident #1 indicated [REDACTED] needed to use the restroom. Staff person A asked staff person B, Resident Care Aide, to assist resident #1 to the restroom, which staff person B replied, ' [REDACTED] can take care of [REDACTED]'. When resident #1's [REDACTED] arrived at the residence at approximately 6:45pm, [REDACTED] found resident #1 sitting in [REDACTED] wheelchair in [REDACTED] living unit and was soaked with urine through [REDACTED] clothes, and urine was also observed on the floor under [REDACTED] wheelchair. Also, it was discovered that staff person B did not assist resident #1 to dinner on the evening of 5/29/24. According to resident #1's assessment, dated [REDACTED] resident #1 requires physical assistance with toileting, bladder management, bowel management, transferring in/out of bed/chair and requires full physical assistance with ambulating in [REDACTED] wheelchair.

## Plan of Correction

Directed [REDACTED] - 07/15/2024

POC 7/12/24

2800.42.b

Upon review of the situation, Res. 1 was interviewed on 5/30/24 with [REDACTED], and no further concerns were voiced. The occurrence was investigated by the Administrator and no other residents were affected. Local AAA Protective services were informed on 5/30/24 as well as DHS. [REDACTED] B no longer works at the facility as of [REDACTED]

All Direct Care Staff will be reeducated by the Director of Resident Care on the Levels of Care, emphasizing understanding each level to meet each resident's needs. Assignment sheets have been changed to include the Level of Care of each Resident. Staff will be educated regarding change by 7/15/24; this will include how often they are updated. (DIRECTED: All direct care staff persons shall receive education on the updated assignment sheets by 7/15/24. Documentation of the staff education shall be kept in accordance with 2800.65L. [REDACTED] 7/15/24). Assignment sheets will be implemented on 7/16/24 by the DRC. Assignment sheets will be updated during admission, readmission and with changes to a resident's level of care.

A local hospice has volunteered to do an in-service on abuse and neglect for all staff.

A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be reviewed to ensure records are completed and kept by the facility administrator/designee.

The administrator will interview 2 Residents each week, beginning 7/8/24 for 4 weeks to ensure needs are being met. (DIRECTED: Documentation of the resident interviews shall be kept. [REDACTED] 7/15/24). Residents and/or families may contact the Administrator and or the Director of Resident Care if they have any concerns. These phone numbers are provided during admission and posted in the first-floor shadow box. Residents and responsible parties will be provided these numbers again by the administrator/designee via phone or email by 7/31/24.

## 42b Abuse/Neglect (continued)

The next QM meeting will be held on 7/29/24. QM meeting will include a review of the reportable incident and condition reporting procedures, complaint procedures, staff person training, the licensing violations and plans of correction, listed above, resident and/or family councils will include the review of the violation and plan to correct. The documentation of the QM reviews will be kept in the Administrators office. The facility administrator will be responsible for coordinating and holding the resident and or family council meetings and reviewing the above information.

POC for Seneca Manor

2800.42.b.

Upon review of situation Res. 1 was interviewed along with [REDACTED] and no further concerns were voiced. Occurrence was investigated by Administrator and no other residents were effected.

Local AAA Protective services were informed on 5/30 as well as DHS.

[REDACTED] B no longer works at the facility as of [REDACTED]

All Direct Care Staff will be reeducated by the Director of Resident Care on the Levels of Care, emphasizing understanding each level to meet each resident's needs. To be completed by 7/15/24. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2800.65L. [REDACTED] 7/15/24).

A local hospice has volunteered to do an inservice on abuse and neglect for all staff. To be completed by July 31, 2024. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2800.65L. [REDACTED] 7/15/24). Assignment sheets have been changed to include Level of Care of each Resident. Staff will be educated regarding change by 7/15/24.

Administrator will interview 2 Residents each week for 4 weeks to ensure needs are being met. (DIRECTED: The administrator shall interview at least 2 residents per month immediately following the weekly resident interviews to ensure residents are free from abuse and neglect. All resident interviews shall be conducted in private. Documentation of the resident interviews shall be kept. [REDACTED] 7/15/24).

## 42b Abuse/Neglect (continued)

Proposed Overall Completion Date: 07/31/2024

Directed Completion Date: 07/31/2024

Implemented ( █ ) - 08/01/2024

## 81b Resident equip – good repair

## 2. Requirements

2800.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

### Description of Violation

*A 10:50am, resident #1's bilateral half-length bedrails were both uncovered, which pose an entrapment hazard. Each half-length bedrail has 4 openings that each measure 3.5" wide by 11" long, and 5 openings that each measure 2.5" wide by 16" long.*

*At 11:10am, resident #2's bilateral half-length bedrails were both uncovered, which pose an entrapment hazard. Each half-length bedrail has 4 openings that each measure 3.5" wide by 11" long, and 5 openings that each measure 2.5" wide by 16" long.*

### Plan of Correction

Directed ( █ ) - 07/15/2024

POC 7/12/24

2800.81.b

*All residents with bedrails were identified and measured for 4 3/4 inch compliance by the Administrator, DRC and RSC on 6/13/24. There were 12 siderails that needed to be covered in addition to Res #1 and #2. The Siderails identified were immediately covered by the Administrator and checked for safety by the Maintenance dept. (picture).*

*DHS bedside mobility device safety was reviewed at the June direct care staff meeting on June 25, 2024. A diagram was posted for reference. C.N.A.s who did not attend the training must have training completed by 7/15/24 or cannot work until training is completed and verified by the DRC and or Administrator/designee.*

**81b Resident equip – good repair (continued)**

*A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be reviewed to ensure records are completed and kept by the facility administrator/designee.*

*CNA's will check bedrails daily beginning 7/16/24 for secure placement and to ensure cover is on. If issues are noted the Concierge will be informed and will immediately call Maintenance to repair as will be discussed at the 7/15 training. Ongoing.*

*The administrator will round 2x/week for 4 weeks to ensure covers are in place. Administrator/designee will continue bedrails monitoring at least monthly to ensure bedrails are covered/in compliance with above; any identified out of compliance will be covered by the facility administrator/designee immediately and NA provided re-education as indicated. (DIRECTED: The administrator rounds shall begin on 7/17/24. [REDACTED] 7/15/24).*

*The next QM meeting will be held on 7/29/24. QM meeting will include a review of the reportable incident and condition reporting procedures, complaint procedures, staff person training, the licensing violations and plans of correction, listed above, resident and/or family councils will include the review of the violation and plan to correct. The documentation of the QM reviews will be kept in the administrator's office. The facility administrator will be responsible for coordinating and holding the resident and or family council meetings and reviewing the above information.*

2800.81.b.

*All residents with bedrails were identified and measured for 4 3/4 inch compliance by the Administrator, DRC and RSC.*

*The Siderails identified were immediately covered by Administrator and checked for safety by the Maintenance dept. (picture)*

*DHS bedside mobility device safety was reviewed at the June direct care staff meeting on June 25, 2024 A diagram was posted for reference.*

*All non-compliant bedrails were covered.*

*CNA's will check bedrails daily for secure placement and to ensure cover is on. If issues are noted the Concierge will be informed and will immediately call Maintenance to repair. Ongoing*

*Administrator will round 2x/week for 4 weeks to ensure covers are in place. Completion*

*81b Resident equip – good repair (continued)*

*Proposed Overall Completion Date: 07/31/2024*

**Directed Completion Date: 07/31/2024**

*Implemented (  - 08/01/2024)*