

## **UPMC Senior Communities** Capabilities Summary 2017

Below is a breakdown of services provided at each of the UPMC Senior Communities Skilled Nursing and Rehabilitation facilities. If you have specific questions about any of the services listed below, please contact the Central Admissions Office at 412-688-3900. Please note this list is subject to change.

Record A A A A A A No. What how Take graphings take for Migrations. A No. Control Cont	Services	Canterbury Place 412-622-9000	Cranberry Place 724-772-5350	Heritage Place 412-422-5100	Jameson Care Center 724-598-3300	Place	Sugar Creek Station 814-437-0100	Sherwood Oaks 724-776-8100		MAG TCU 412 641-3310	Notes
A A A A A A A A A A A A A A A A A A A	Admissions								•	•	Casa by casa
An A A A A A A A A A A A A A A A A A A											
Bearinest   Commonwealth   Commonw			_	_							
Behandrischer Unter Sterreit und Sterreit un	Bariatric Care	<b>A</b>	•	•	<b>A</b>	<b>A</b>	<b>A</b>	<b>A</b>	<b>A</b>	<b>A</b>	Non-ambulatory bariatric patients NOT accepted. Case-by-case
Section		<b>A</b>	<b>A</b>	<b>A</b>	<b>A</b>	<b>A</b>	<b>A</b>	<b>A</b>	<b>A</b>	<b>A</b>	Limit varies by building
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Bood Predects Contract (Analythese Contract (Analyt											Nurse assessment needed for appropriateriess
Control ATT PARTITIONS  A A A A A A A A A A A A A A A A A A A	Blood/Blood Products								•	•	
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Cest Businesserative  Present Cath  A A Care Systems  Deliant control of the care of the			+				<b>A</b>				
Places Cath WallSuction A  Orabidos  H.O. OrsSite A  A  Deligios certificate and investigating most accept positive modification to facility.  H.O. OrsSite A  A  A  A  A  Case by clase Technical A  A  A  Real documental A  A  Real documental A  A  Real documental A  A  A  Real documental A  A  A  A  A  A  A  A  A  Bend documental A  A  A  A  A  A  A  Bend documental A  A  A  A  A  Bend documental A  A  A  A  A  Bend documental A  A  A  Bend documental A  A  A  Bend documental A  A  Bend documental A  A  Bend documental A  A  Bend documental A  Bend documental A  A  Bend documental Bend documental A  Bend documental Bend document							1	•			oral anomedicapy only, case of case.
Wall Stroton   A		•	•	•		•	<b>A</b>	<b>A</b>	•	•	
H.D. On-Size  A A A A A A A A Case by code  Personal A A A A A A A A A A A A A A A A A A A		•	•	•		•	<b>A</b>	<b>A</b>	•		-
H.D. Christie A. A. A. A. A. A. A. A. Case-by-case Perforced Perforced A. Besaldone conjoins strategy ones Document A. A. A. A. A. A. Besaldone conjoins strategy ones Document A. A. A. Besaldone conjoins strategy ones Boardone A. A. A. Besaldone conjoins strategy ones Boardone A. A. A. Besaldone conjoins strategy ones Boardone A. A			<b>A</b>						•	•	Low wall suction only
In No. Officials Nectural Personnel A A A A Case by case  Dirige Constructive A A A A Case by case  Dirige Constructive A A A A Renal disconnel/prior treating does.  Deganine A A A Renal disconnel/prior treating does.  Reganine Heaptin Installin IV Vanadiation A A A A A A A A A A A A A A A A A A A											Dialysis center and nephrology must accept patient
Noticered Pertoned A A A A Case-by case Divisor Dobutamine A A A Brain does only from itsiding does February Dopamine February February February Heaptin Heaptin History February History Hist	H.D. On-Site	<b>A</b>	<b>A</b>						•		
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Department   A   A   A   Real class on syrton totaling classes   Repair		<b>A</b>	<b>A</b>						<b>A</b>	<b>A</b>	Renal dose only/non titrating doses
Heparin Install IN Vanoillators A A A A A A A A A A A A A A A A A A A	Dopamine	<b>A</b>	<b>A</b>						<b>A</b>	<b>A</b>	Renal dose only/non titrating doses
Intuilin IV Vascilators A A A A A A A A A A A A A A A A A A A									_		
More analysis of the second se			<b>A</b>						<b>A</b>	<b>A</b>	VADS only
Dutchber/Prig Enteral Fedlags Ethoral Fleuk EXG Ethoral Fleuk EXG Ethoral Catheters  A A A A A A A A A Care-by-case Hospiec/Pall/Keight A B A A A A A A A Care-by-case Hospiec/Pall/Keight A B A A A A A Care-by-case Hospiec/Pall/Keight A B A A A A A Care-by-case Hospiec/Pall/Keight A A A A A A A Care-by-case Hospiec/Pall/Keight A A A A A A A A A A A A A A A A A A A		<b>A</b>							•	•	Milrinone non-titrating dose case-by-case cardiac approval
Ethool Flush	Duotubes/Peg		<b>A</b>	<b>A</b>	<b>A</b>	<b>A</b>	<b>A</b>	<b>A</b>	<b>A</b>	<b>A</b>	
Pleased Catheters		•	•	•	•	•	•	•	•	•	
Textseal Catalysters							1	-			
Hospics/Pall/Respite A											Case-hy-case
Ediation Antibiotic Resistant Neutropenic Neutropenic A A A A A A A A A A A A A A A A A A A		<del>                                     </del>	-				·				
Antibiotic Resistant Neutropenic A A A A A A A A A A Case-by-case IVD/ETOH Abuse IVD/ETOH Abuse A A A A A A A A A A A A A A A A A A A	Hypodermoclysis	•	•	•		•	•	•			
Neutropenic  A A A A A A A A A A A A A A A A A A A											
TB/Neg air flow  TB/Neg air flow  TA A A Case-by-case  IV Antibiotics  A A A A A A A A A A A A A A A A A A A	Antibiotic Resistant	•	•	•	•	•	•	•	•	•	Datienta was divisar and the second to a s
IV Antibiotics  IV DETCH Abuse  A A A A A A A A A A A A A A A A A A A	Neutropenic	<b>A</b>	<b>A</b>	<b>A</b>	•	<b>A</b>	<b>A</b>	<b>A</b>	•	•	
NO/ETOH Abuse	TB/Neg air flow							<b>A</b>		<b>A</b>	Case-by-case
Kosher Meals  Life Vest  A A A A A A A A Case-by-case on-site assessment required.  Lymphedema  Methadone/Suboxone  Pain Management Inplanted Devices PCA Pre-loaded devices Pray Pre-loaded devices Private Rooms A A A A A A A Number of private rooms vary by building.  Rehabilitation Rehabilitation A A A A A A A A A A A A A A A A A A A				<del> </del>	•						
Life Vest		<b>A</b>	<b>A</b>	<b>A</b>		<b>A</b>	<b>A</b>	•			
Symphedema   A A Case-by-case   A A Case-by-case   A A Case-by-case   A A Case-by-case   A A A Case-by-case   A A A A A Case-by-case   A A A A A A A Case-by-case   A A A A A A A A A A A A A A A A A A		<b>A</b>	<b>A</b>	<b>A</b>	<b>A</b>	<b>A</b>	<b>A</b>	<b>A</b>			
Pain Management  Inplanted Devices PCA PSCA PSCA PSCA PSCA PSCA PINATE ROOMS A A A A A A A A A A A A A A A A A A A	Lymphedema								<b>A</b>	<b>A</b>	
Inplanted Devices PCA Plasmapheresis A A Case-by-case Private Rooms A A A A A A A A A A A A A A A A A A A									•	•	
PCA Plasmapheresis Private Rooms A A A A A A A A Number of private rooms vary by building. Radiation Rehabilitation A A A A A A A A A A A A A A A A A A A								<u> </u>			Pro-loaded devices
Private Rooms  Radiation  Rehabilitation  A A A A A A A A A A A A A A A A A A A			•	•		•		•	-		Tre-loaded devices
Rehabilitation  Rehabilitation  A A A A A Seven days a week  PT/OT/ST  A A A A A A Seven days a week  CTB, CP, HP, SP therapy 6+1 days/week, SWO 6 d SCS 5 days/week.  Short-stay (Transitional Rehab Unit specializing in short stay relinal bldgs.  Tansitional Rehab Unit specializing in short stay relinal bldgs.  Telemedicine  A A A A A A A A A A A A A A A A A A A	Plasmapheresis								<b>A</b>	<b>A</b>	Case-by-case
Rehabilitation  A A A A A A A A A A A A A A A A A A A		<b>A</b>	<b>A</b>	<b>A</b>	<b>A</b>	<b>A</b>	<b>A</b>	<b>A</b>	<b>A</b>		Number of private rooms vary by building.
PT/OT/ST  A A A A A SCS 5 days/week, SWO 6 d SCS 5 days/week.  Short-stay (Transitional Rehab Unit specializing in short stay relin all bldgs.  Telemedicine  A A A A A A A A A A A A A A A A A A A		<b>A</b>	<b>A</b>	<b>A</b>			<b>A</b>	<u> </u>			Soven days a week
SCS 5 days/week.  Short-stay (Transitional Rehab Unit specializing in short stay relinal bldgs.  Telemedicine  A A A A A A A Beriatory Care  Aerosol Tx  BIPAP/CPAP  CPAP  Chest tube (off suction)  Optifow  Oxygen  Oxygen  Oxygen  Oxygen  Oxymizer	Renabilitation	_	_	_		_	_	_			
Rehabilitátion Unit - TRU)  Telemedicine  A A A A A A Geriatricians from the Division of Geriatric Medicine using telemedicine for the prevention and managem changes in condition within UPMC SNFs during off has been described by the prevention and managem changes in condition within UPMC SNFs during off has been described by the prevention and managem changes in condition within UPMC SNFs during off has been described by the prevention and managem changes in condition within UPMC SNFs during off has been described by the prevention and managem changes in condition within UPMC SNFs during off has been described by the prevention and managem changes in condition within UPMC SNFs during off has been described by the prevention and managem changes in condition within UPMC SNFs during off has been described by the prevention and managem changes in condition within UPMC SNFs during off has been described by the prevention and managem changes in condition within UPMC SNFs during off has been described by the prevention and managem changes in condition within UPMC SNFs during off has been described by the prevention and managem changes in condition within UPMC SNFs during off has been described by the prevention and managem changes in condition within UPMC SNFs during off has been described by the prevention of t		<b>A</b>	<b>A</b>	<b>A</b>	•	<b>A</b>	<b>A</b>	<b>A</b>	•	•	SCS 5 days/week.
Telemedicine  A A A A A A A A A A A A A A A A A A A	Short-stay (Transitional Rehabilitation Unit - TRU)	<b>A</b>	<b>A</b>	<b>A</b>	•	<b>A</b>			•	•	in all bldgs.
Respiratory Care         Aerosol Tx         ● </td <td>Telemedicine</td> <td><b>A</b></td> <td><b>A</b></td> <td><b>A</b></td> <td></td> <td><b>A</b></td> <td><b>A</b></td> <td><b>A</b></td> <td></td> <td></td> <td>Geriatricians from the Division of Geriatric Medicine are available using telemedicine for the prevention and management of acute changes in condition within UPMC SNFs during off hours.</td>	Telemedicine	<b>A</b>	<b>A</b>	<b>A</b>		<b>A</b>	<b>A</b>	<b>A</b>			Geriatricians from the Division of Geriatric Medicine are available using telemedicine for the prevention and management of acute changes in condition within UPMC SNFs during off hours.
Aerosol Tx       ● <td< td=""><td>Respiratory Care</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	Respiratory Care										
CPAP         ● <td>Aerosol Tx</td> <td>•</td> <td>•</td> <td>•</td> <td>•</td> <td>•</td> <td>•</td> <td>•</td> <td>•</td> <td>•</td> <td></td>	Aerosol Tx	•	•	•	•	•	•	•	•	•	
Chest tube (off suction)  Optifow  Oxygen  A  No walled O2, concentrators only, up to 10L max.  Oxymizer	·	•	•	•	•	•	•	•	•	•	
Optifow Oxygen A A A A A No walled O2, concentrators only, up to 10L max. Oxymizer											
Oxygen									•		
	Oxygen	<b>A</b>	•	<b>A</b>	•	•	<b>A</b>	<b>A</b>	•	•	No walled O2, concentrators only, up to 10L max.
					•				•	•	
Suction Oral/Tracheal  No more frequent than a3 hours									· ·		No mare frequent than a? hours
Suctioning • • • • • • • No more frequent than q3 hours  Tracheostomy • • • • • • • • •	_						-		· ·		140 more rrequent trian q3 nours
TPN • • • • • • • • • •								-			
Wound Care											
Certified Wound Nurse   Working on certification											Working on certification
Physician Consult  Specialty Mattress											
Wounds Vacs   Case-by-case											Case-by-case
Ventricular Assist Device     ●       Lase-by-case			•						<b>A</b>	<b>A</b>	
Blank - Service not provided   ● - Service provided   ▲ - Service provided with notation				Blank	- Service not pro	ovided   •-	Service provide	d   ▲ - Serv	ice provided wit	h notation	