

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to LONGWOOD AT OAKMONT, INC.

LEGAL ENTITY

To operate LONGWOOD AT OAKMONT ASSISTED LIVING CENTER

NAME OF FACILITY OR AGENCY

Located at 500 ROUTE 909, VERONA, PA 15147

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 49
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from May 25, 2010 until May 25, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 429900

Robert E. Robinson

ISSUING OFFICER

Kevin T. Casey

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

MAY 25 2010

PHONE: (717) 783-3670
FAX: (717) 783-5662

Mr. Michael K. Haye, Executive Director
Longwood at Oakmont, Inc.
Longwood at Oakmont Assisted Living Center
500 Route 909
Verona, Pennsylvania 15147

Dear Mr. Haye:

As a result of the Department of Public Welfare's licensing inspection on March 23, 2010 and April 1, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

Western Region

MAY 17 2010

No. 2894 P. 2

NAME AND ADDRESS OF PERSONAL CARE HOME Longwood At Oakmont Assisted Living Center 500 Rte 909, Verona, PA 15147	CURRENT LICENSE NUMBER Adult Residential Licensing 2990
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INSPECTION DATE(S) (Include all dates of the inspection) March 23, 2010 April 1, 2010	REGIONAL REPRESENTATIVE K. Kruppa, L. Knockstead and R. J. Lasto (3/23/10) K. Kruppa (4/1/10)
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)

KAREN F. Paul, RN Director of ALC

SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Karen F. Paul RN Director</i> <i>NHTA of ALC</i>	DATE <i>5/13/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>5-14-10</i>
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1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
26a The home shall establish and implement a quality management plan.	The home has not completed a quality management review within the past year.	<i>5/17/2010</i> <i>5/17/2010</i> <i>5/17/2010</i>	<i>A quality management review was conducted ON 5/17/2010 by the Director of ALC and or designee. The review was conducted to review and evaluate items listed in regulation 266. The review was documented with date, who conducted, how it was done and any findings for follow up. (See attached) The Director and or the ALC these will be responsible to follow up on any actions or follow trends as a result of the review.</i>	<i>5-14-10</i> <i>f</i>

The quality management review will be conducted at least quarterly by the Director of ALC/designee.

Sign in sheet and minutes

May. 17. 2010 5:02PM LONGWOOD AT OAKMONT

Western Region

VIOLATION REPORT

PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600 MAY 17 2010 Page 2 of 2

No. 2894 P. 6

NAME AND ADDRESS OF PERSONAL CARE HOME Longwood At Oakmont Assisted Living Center 500 Rte 909, Verona, PA 15147	Adult Residential Licensing	CURRENT LICENSE NUMBER 429900
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INSPECTION DATE(S) (Include all dates of the inspection) March 23, 2010 April 1, 2010	REGIONAL REPRESENTATIVE K. Kruppa, L. Knockstead and R. J. Lasto (3/23/10) K. Kruppa (4/1/10)
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)

WARREN F. PAUL RN Director of ALC

SIGNATURE OF LEGAL ENTITY REPRESENTATIVE Warren F. Paul RN NHA Director of ALC	DATE 5-13-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 5-19-10
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1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
63d A staff person who is trained in first aid or certified in obstructed airway techniques or cardiopulmonary resuscitation shall provide such services in accordance with their training, unless the resident has a "do not resuscitate" order.	The following residents' did not sign their "DNR" orders as required: Residents' #1, #2, #3, #4, #5, #6.	5/12/2010 5/12/2010 5/18/2010 (See attached letter)	The physician DNR orders of residents #1, 2, 3, 4, 5, 6 were signed by the residents. All resident medical records were reviewed to ensure that all residents with DNR orders written by the physician were also signed by the resident. A letter will be sent to the Medical Director and other resident attending physicians to inform them of this requirement. A letter will be forwarded to new resident physicians on admission to ALC. An audit will be completed weekly for a month by the ALC Director or receptionist/designee to ensure compliance.	5-19-10

May 17, 2010 5:04 PM LONGWOOD AT OAKMONT

5-19-10

The administrator or designated staff person will review all new "DNR" orders for completion including all signatures every

Western Region

VIOLATION REPORT PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

MAY 17 2010 Page ³/₁₁ of 15

No. 2894 P. 25

NAME AND ADDRESS OF PERSONAL CARE HOME Longwood At Oakmont Assisted Living Center 500 Rte 909, Verona, PA 15147	CURRENT LICENSE NUMBER Adult Residential Licensing 429900
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INSPECTION DATE(S) (Include all dates of the inspection) March 23, 2010 April 1, 2010	REGIONAL REPRESENTATIVE K. Kruppa, L. Knockstead and R. J. Lasto (3/23/10) K. Kruppa (4/1/10)
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)

KAREN F. PAUL RN NHA Director of ALC			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE Karen F. Paul RN NHA Director of ALC	DATE 5-13-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 5-19-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
107a The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.	The administrator did not have a copy of the municipal emergency preparedness plan.	5/11/2010	The Director of Facilities contacted the local municipality of Plum Boro to obtain a copy of their emergency preparedness plan. Due to the change in the local official, the plan is being revised and is not available at this time. The new official will provide a copy to ALC Director as soon as it is completed. The new official was also informed that if any changes are made to the plan to forward the changes to the ALC Director also.	5-19-10 g

5/17/10

Plum Boro Plan is not available. The Director of Facilities contacted the Plum Boro official and a copy of the Allegheny County emergency preparedness plan will be delivered to ALC.

May 17, 2010 5:20PM LONGWOOD AT OAKMONT

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600 MAY 17 2010

No. 2894 P. 26

NAME AND ADDRESS OF PERSONAL CARE HOME Longwood At Oakmont Assisted Living Center 500 Rte 909, Verona, PA 15147	Adult Residential Licensing	CURRENT LICENSE NUMBER 429900
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INSPECTION DATE(S) (Include all dates of the inspection) March 23, 2010 April 1, 2010	REGIONAL REPRESENTATIVE K. Kruppa, L. Knockstead and R. J. Lasto (3/23/10) K. Kruppa (4/1/10)
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)

KAREN F. PAUL RN NHA Director of ALC	
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE Karen F. Paul RN NHA Director of ALC	DATE 5-13-10
REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 5-19-10

1 REGULATION . 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
107d The written emergency procedures shall be reviewed; updated and submitted annually to the municipal emergency management agency.	There home's emergency procedures were not reviewed, updated and submitted annually to the local emergency management agency as required. 5/20/2009 Attached is the letter from Fire Chief [redacted] stating that he had reviewed the Longwood at Oakmont Disaster/ Emergency Preparedness Plan in 2009.	5/20/2010 5/20/2010	The home's emergency preparedness procedures will be reviewed and updated by the ALC Director and Facilities Director. A copy will be submitted to the local emergency management agency. Documentation of the submission will be recorded. The ALC Director and/or the Facilities Director will submit the plan annually going forward and documentation will be recorded.	5-19-10

May. 17. 2010 5:20PM LONGWOOD AT OAKMONT

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

No. 2894 P. 28

NAME AND ADDRESS OF PERSONAL CARE HOME Longwood At Oakmont Assisted Living Center 500 Rte 909, Verona, PA 15147	CURRENT LICENSE NUMBER 429900
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INSPECTION DATE(S) (Include all dates of the inspection) March 23, 2010 April 1, 2010	REGIONAL REPRESENTATIVE K. Kruppa, L. Knockstead and R. J. Lasto (3/23/10) K. Kruppa (4/1/10)
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)
KAREN F. PAUL RN NHA Director of ALC

SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Karen F. Paul RN NHA</i>	DATE <i>5-13-10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE <i>5-14-10</i>
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1	2	3	4	5
REGULATION 55 Pa.Code § 2600.	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED Steps have been taken to correct violation; full compliance is not verified

141a-1 A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.	The medical evaluation for resident #3 dated 12/30/09 was signed by a physician however staff person B completed the medical evaluation form.	5/18/2010	A letter will be sent to the Medical Director and other resident attending physicians to inform them of this requirement. A letter will be sent for all new admissions to the attending physician along with the medical assessment informing the physician that the assessment needs to be completed by the physician. An audit will be completed by the ALC Director or designed weekly for one month and then monthly for 3 months to ensure compliance.	5-14-10 Date Initials (D)
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5-18-10

The Administrator or designated staff person will review all newly completed medical evaluations to ensure a physician, a physician's assistant or a certified nurse practitioner completed the document 5-18-10

May. 17. 2010 5:21PM LONGWOOD AT OAKMONT

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

Western PA

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MAY 17 2010

No. 2892 P. 30/61

NAME AND ADDRESS OF PERSONAL CARE HOME Longwood At Oakmont Assisted Living Center 500 Rte 909, Verona, PA 15147	CURRENT LICENSE NUMBER Adult Residential Licensing 429900
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INSPECTION DATE(S) (Include all dates of the inspection) March 23, 2010 April 1, 2010	REGIONAL REPRESENTATIVE K. Kruppa, L. Knockstead and R. J. Lasto (3/23/10) K. Kruppa (4/1/10)
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)

SIGNATURE OF LEGAL ENTITY REPRESENTATIVE KAREN F. PAUL RN NHA Director of ALC	DATE 5-13-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 5-19-10
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1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
141b2 A resident shall have a new medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation.	Resident #7 was diagnosed with Parkinson's disease in 9/2009 however, there was no new medical evaluation to reflect the new diagnosis.	5/13/2010 5/18/2010	Updated medical evaluation on resident #7 was received reflecting the new diagnoses of PARKINSON'S disease. All resident medical records will be reviewed to ensure that any change in the resident's medical condition is reflected on the medical assessment. A weekly audit will be conducted for one month and then monthly for 3 months to ensure compliance. The audit will be completed by the Director of ALC or designee.	Steps have been taken to correct violation; full compliance is not verified 5-19-10 Date Initials (DI)

5-18-10

The Administrator or designated staff person will review all resident records for residents that have a significant change in medical condition to ensure a new medical evaluation is completed 5-18-10

May 17, 2010 5:42PM LONGWOOD AT OAKMONT

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

MAY 17 2010 Page 2 of 15

No. 2892 P. 32/61

NAME AND ADDRESS OF PERSONAL CARE HOME
 Longwood At Oakmont Assisted Living Center
 500 Rte 909, Verona, PA 15147

CURRENT LICENSE NUMBER
 Adult Residential Licensing
 429900

INSPECTION DATE(S) (Include all dates of the inspection)
 March 23, 2010
 April 1, 2010

REGIONAL REPRESENTATIVE
 K. Kruppa, L. Knockstead and R. J. Lasto (3/23/10)
 K. Kruppa (4/1/10)

PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)

WAREN F. PAUL RN NHA Director of ALC

SIGNATURE OF LEGAL ENTITY REPRESENTATIVE **DATE** **REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION** **DATE**

Waren F. Paul RN NHA *5-13-10* *[Signature]* *5-11-10*

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
185a The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	The home failed to implement procedures for access, use and distribution on medications. The following PRN medications were not available in the home: <ul style="list-style-type: none"> • Resident #8's Lunesta 1 mg tab; Vicodin 500-5mg; Tylenol Elixer. • Resident #9's Tylenol tabs. 	5/12/2010 5/12/2010	AN inventory was completed of resident #8 and #9 to ensure that the prn medications were available for access and distribution. AN inventory was completed on all resident's prn medications ordered to ensure that the prn medications were available for access and distribution. A weekly audit will be conducted for one month and then monthly for 3 months to ensure compliance. The audits will be completed by the Director of ALC or designee.	

5-18-10

The Administrator or designated staff person will conduct a monthly Audit of All resident medications to ensure All resident medications are available for Administration
5-18-10

Steps have been taken correct violation; full compliance is not verified
5-19-10 *[Signature]*
 Date Initials (D)

May 17. 2010 5:43PM LONGWOOD AT OAKMONT

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

MAY 17 2010

No. 2892 P. 33/61

NAME AND ADDRESS OF PERSONAL CARE HOME
Longwood At Oakmont Assisted Living Center
500 Rte 909, Verona, PA 15147
CURRENT LICENSE NUMBER
Adult Residential Licensing
429900

INSPECTION DATE(S) (Include all dates of the inspection)
March 23, 2010
April 1, 2010
REGIONAL REPRESENTATIVE
K. Kruppa, L. Knockstead and R. J. Lasto (3/23/10)
K. Kruppa (4/1/10)

PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)

KAREN F. PAUL RN NHA Director of ALC

SIGNATURE OF LEGAL ENTITY REPRESENTATIVE
KAREN F. PAUL RN NHA
Director of ALC
DATE
5-13-10
REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION
6
DATE
5-19-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	The medication administration record for resident #7 did not indicate the administration of the prescribed Vitamin B12 on 2/24/10 and 2/25/10.	5/17/2010 5/24/2010	The staff persons who were to administer the Vit. B12 for resident #7 ON 2/24 + 2/25 will be re-educated on the proper process of administering medications and appropriate documentation at the time of administration. All ALC staff persons who administer medications will be re-educated on the proper process of administering medications and appropriate documentation at the time of administration.	Steps have been taken to correct violation; full compliance is not verified 5-19-10 Initials (DPW) 6

5-18-10 The Administrator or designated staff person will conduct a monthly audit of the MAR and medications to ensure all resident medications are administered as prescribed and documented as being administered. 5-18-10

Audits will be completed by the Director of ALC or designee weekly for one month and monthly for 3 months to ensure compliance.

May. 17. 2010 5:43PM LONGWOOD AT OAKMONT

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

MAY 17 2010 Page 1/2 of 16

No. 2892 P. 35/61

NAME AND ADDRESS OF PERSONAL CARE HOME Longwood At Oakmont Assisted Living Center 500 Rte 909, Verona, PA 15147	Adult Resident	CURRENT LICENSE NUMBER Pennsylvania Licensing 429900
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INSPECTION DATE(S) (Include all dates of the inspection) March 23, 2010 April 1, 2010	REGIONAL REPRESENTATIVE K. Kruppa, L. Knockstead and R. J. Lasto (3/23/10) K. Kruppa (4/1/10)
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)

<i>KAREN F. PAUL RN NHA</i> Director of ALC			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
<i>Karen F. Paul RN NHA</i> Director of ALC	5-13-10	<i>[Signature]</i>	5-17-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
187d The home shall follow the directions of the prescriber.	The February 2010 medication administration record for resident #7 indicated on 2/3/10 prescribed Sinemet 10/100mg was "not in stock" and therefore not administered.	5/17/2010 5/24/2010	Staff person who was to administer Sinemet to resident #7 on 2/3/2010 will be re-educated to the process of obtaining medications that are not in stock for administration. All ALC staff who administer medications will be re-educated to the proper process of medication administration and the ordering process to ensure that all medications prescribed are available for distribution. Audits will be completed by the Director of ALC or designee weekly for one month and monthly for 3 months to ensure compliance.	Steps have been taken to correct violation; full compliance is not verified 5-17-10 Initials (DPW) <i>[Signature]</i>

LONGWOOD AT OAKMONT

May, 17, 2010 5:43PM

VIOLATION REPORT
 PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600 MAY 17 2010

No. 2892 P. 40/61

NAME AND ADDRESS OF PERSONAL CARE HOME Longwood At Oakmont Assisted Living Center 500 Rte 909, Verona, PA 15147	CURRENT LICENSE NUMBER Adult Residential Licensing 429900
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INSPECTION DATE(S) (include all dates of the inspection) March 23, 2010 April 1, 2010	REGIONAL REPRESENTATIVE K. Kruppa, L. Knockstead and R. J. Lasto (3/23/10) K. Kruppa (4/1/10)
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)

KAREN F. PAUL RN NHA Director of ALC	
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE Karen F. Paul RN NHA Director of ALC	DATE 5-13-10
REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 5-19-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
225c The resident shall have additional assessments as follows: (2) If the condition of the resident significantly changes prior to the annual assessment.	The assessment for resident #6 dated 6/1/09 did not include any information regarding the resident's falls and fall history.	4/5/2010 5/18/2010	Resident #6 assessment dated 6/1/09 was updated to address the resident's falls and fall history. (See attached) All resident charts will be reviewed to ensure that the resident's assessments address the fall history. A weekly audit will be conducted by the Director of ALC and one designated person to ensure that all annual admission and significant change assessments address fall history for one month and then monthly for 3 months.	Steps have been taken to correct violation; full compliance is not verifiable 5-19-10 Date Initials (DPW)

5-18-10

The Administrator or designated state person will review all newly completed assessments for accuracy and completion including resident falls and fall history.
 5-18-10

LONGWOOD AT OAKMONT

May, 17, 2010 5:45PM

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

MAY 17 2010 Page 16 of 25

May 17, 2010 5:47 PM LONGWOOD AT OAKMONT

NAME AND ADDRESS OF PERSONAL CARE HOME
Longwood At Oakmont Assisted Living Center
500 Rte 909, Verona, PA 15147

CURRENT LICENSE NUMBER
Adult Residential Licensing
429900

INSPECTION DATE(S) (Include all dates of the inspection)
March 23, 2010
April 1, 2010

REGIONAL REPRESENTATIVE
K. Kruppa, L. Knockstead and R. J. Lasto (3/23/10)
K. Kruppa (4/1/10)

PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)

KAREN F. PAUL RN NHA Director of ALC

SIGNATURE OF LEGAL ENTITY REPRESENTATIVE
Karen F. Paul RN NHA Director of ALC

DATE
5-13-10

REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION

DATE
5-19-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	The support plan for resident #6 does include the care, needs and services related to the severe and extensive allergic reactions of the resident and the need for and use of TED hose and "chronic vestibular issues". The support plan of resident #7 does not include the care needs and services related to the need for high risk falls protocol noted on the home's internal checklist.	<i>4/5/2010</i> <i>5/12/2010</i> <i>5/18/2010</i>	<i>The support plan of resident #6 was updated to reflect the care needs of the resident. (see attached)</i> <i>The support plan of resident #7 was updated to reflect the care needs of the resident. (See attached)</i> <i>All resident support plans will be reviewed to ensure that the resident care and needs are reflected and current. An audit will be conducted monthly for 3 months to ensure that the resident support plans reflect the current needs of the resident.</i>	

5-18-10

The Administrator or designated staff person will review all newly completed support plans to ensure all care, needs and services for each resident are documented and addressed 5-18-10

Steps have been taken to correct violation; full compliance is not verifiable
5-19-10
Date Initials (DPW) *A*