

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PRESBYTERIAN SENIOR CARE, INC.

LEGAL ENTITY

To operate WOODSIDE PLACE OF OAKMONT

NAME OF FACILITY OR AGENCY

Located at 1215 HULTON ROAD, OAKMONT, PA 15139

(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 36
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 June 22, 2010 until June 22, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 429730

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

JUL 08 2010

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

Mr. Paul M. Winkler, CEO
Presbyterian Senior Care, Inc.
Woodside Place of Oakmont
1215 Hulton Road
Oakmont, Pennsylvania 15139

Dear Mr. Winkler:

As a result of the Department of Public Welfare's licensing inspection on May 13, 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 cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report



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

JUN 10 2010

No. 1735 P. 1/21

NAME AND ADDRESS OF PERSONAL CARE HOME Woodside Place of Oakmont 1215 Hulton Road, Oakmont, Pennsylvania, 15139		CURRENT LICENSE NUMBER Adult Residential License #29730	
INSPECTION DATE(S) (include all dates of the inspection) May 13, 2010		REGIONAL REPRESENTATIVE Leslie Patton and Lisa Flinger- Alman	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Susan F. Collins, EXECUTIVE DIRECTOR			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Susan F. Collins</i>	DATE 6/4/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 6-11-10

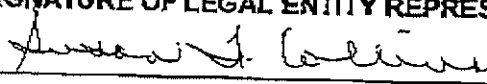
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
16b The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.	The home's policy regarding reportable incidents does specify how the home will prevent reportable incidents from occurring, whom is responsible for notification to the Department and investigative methods.	6/5/10	Systems currently in place - policy & procedure rewritten to include prevention notification investigation (attached)	6-11-10 <i>gc</i>

Jun. 11. 2010 9:05AM

UNIVERSITY OF PENNSYLVANIA HEALTH SERVICES

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

No. 1735 P. 4/21

NAME AND ADDRESS OF PERSONAL CARE HOME Woodside Place of Oakmont 1215 Hutton Road, Oakmont, Pennsylvania, 15139		JUN 10 2010	CURRENT LICENSE NUMBER 429730	
INSPECTION DATE(S) (Include all dates of the inspection) May 13, 2010		REGIONAL REPRESENTATIVE Leslie Patton and Lisa Flinner- Alman		
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 		DATE 6/17/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	
		6/11/10	DATE 6-11-10	

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
65d Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following: (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.	Direct care staff person A started work on 4/8/10 and provides unsupervised ADL services, did not complete the Department approved direct care training course and competency test.	5/17/10	Staff person A was unable to get copy of prior direct care competency test. web-site would not allow her to re-take since she was already registered. She could not remember password - site does not allow to change password. Called regional office - suggested to change way name was entered - finally was able to get in.	6-11-10 <i>g</i>


Will include in new staff audit and review @ QM meeting.

Jun. 11. 2010 9:05AM

1 JUN 10 09:07:11 AM

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

No. 1735 P. 5/21

NAME AND ADDRESS OF PERSONAL CARE HOME Woodside Place of Oakmont 1215 Hulton Road, Oakmont, Pennsylvania, 15139		JUN 10 2010 Adult Residential Licensing	CURRENT LICENSE NUMBER 429730
INSPECTION DATE(S) (Include all dates of the inspection) May 13, 2010		REGIONAL REPRESENTATIVE Leslie Patton and Lisa Flinger-Alman	
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 	DATE 6/11/10 6/11/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 6-11-10

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
65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas: (5) Falls and accident prevention.	Ancillary staff person B hired 11/14/02, did not receive training regarding falls and accident prevention during the 2009 training year. Repeated violation- 3/10/09	6/8/10	Spread sheet has been developed for 2010 + will be reviewed monthly @ QM meeting. Staff person B received training for slips + falls 6/8.	Steps have been taken to correct violation; full compliance is not verifiable 6-11-10 Date Initials (DPW)

Jun. 11. 2010 9:05AM

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

No. 1735 P. 6/21

NAME AND ADDRESS OF PERSONAL CARE HOME Woodside Place of Oakmont 1215 Hulton Road, Oakmont, Pennsylvania, 15139		JUN 10 2010	CURRENT LICENSE NUMBER 429730
INSPECTION DATE(S) (Include all dates of the inspection) May 13, 2010		REGIONAL REPRESENTATIVE Licensing Leslie Patton and Lisa Flinner-Aiman	
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 <i>[Signature]</i>	DATE 6/4/10 6/11/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 6-11-10

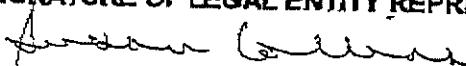
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	A bottle of "Rite Aid" brand nail polish remover was located in the bathroom used by resident #1, unlocked and accessible to the residents of the home. The label reads, "In case of accidental ingestion, give fluids liberally and consult with local Poison Control Center." None of the residents have been assessed to determine that they can safely use and avoid poisonous materials. In addition, all residents reside in a secured dementia unit.	6/5/10	It is the policy that poisonous items will not be allowed in resident rooms or accessible resident areas. Family of resident #1 brought in nail polish remover + left in room. Families were notified @ Family meeting on 6/5/10 not to leave such items in room. This will also be discussed with all new admissions and a notice will be placed in Family newsletter.	Steps have been taken to correct violation; full compliance is not verifiable Date / Initials (DPW) 6-11-10 / [Initials]

Will develop audit tool for w/ky checks of rooms. Review @ QM meeting. C. D. advised on 6/11/10.

Jun. 11. 2010 9:06AM

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

No. 1735 P. 7/21


NAME AND ADDRESS OF PERSONAL CARE HOME Woodside Place of Oakmont 1215 Hulton Road, Oakmont, Pennsylvania, 15139		JUN 10 2010 CURRENT LICENSE NUMBER 429730
INSPECTION DATE(S) (Include all dates of the inspection) May 13, 2010	REGIONAL REPRESENTATIVE Adult Residential Licensing Leslie Patton and Lisa Finner- Alman	
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 	DATE 6/4/10 6/11/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION [Signature]
		DATE 6-11-10

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
96a The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.	The first aid kit located in the home's van and in the home's medication room did not contain a breathing shield.	5/13/10	Appropriate breathing shield was placed in first aid kit prior to surveyor leaving. Will placed on monthly audit + review @ QM meeting.	6-11-10 [Signature]

Jun. 11. 2010 9:06AM

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

No. 1735 P. 8/21

NAME AND ADDRESS OF PERSONAL CARE HOME Woodside Place of Oakmont 1215 Hulton Road, Oakmont, Pennsylvania, 15139		JUN 10 2010	CURRENT LICENSE NUMBER 429730
INSPECTION DATE(S) (Include all dates of the inspection) May 13, 2010		REGIONAL REPRESENTATIVE Licensing Leslie Patton and Lisa Flinner- Alman	
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 	DATE 6/4/10 6/11/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 6-11-10


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
101J7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	There were no bedside lamps or other source of lighting located in single occupancy rooms #204, #302, and #308 were not located at bedside. The lamp located at bedside in single occupancy room #207 was inoperable.	6/5/10	Bedside tables + lamps have been moved in all rooms to bedside. will include on wkly audit of rooms + review @ monthly QM meeting. Lamps will be checked for operability during audit.	Steps have been taken to correct violation; full compliance is not verifiable. 6-11-10 Date Initials (DPW)

Jun. 11. 2010 9:06AM

ALTERNATIVE LICENSING SYSTEM

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

No. 1735 P. 9/21

NAME AND ADDRESS OF PERSONAL CARE HOME Woodside Place of Oakmont 1215 Hulton Road, Oakmont, Pennsylvania, 15139		JUN 10 2010 CURRENT LICENSE NUMBER 429730
INSPECTION DATE(S) (Include all dates of the inspection) May 13, 2010	Adult Residential Licensing REGIONAL REPRESENTATIVE Leslie Patton and Lisa Flinner-Alman	
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 	DATE 6/4/10 6/11/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION
		DATE 6-11-10


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
132f Alternate exit routes shall be used during fire drills.	The home's fire drill records indicate the home is routinely using all exits during monthly fire drill and is not using alternate exit routes. The fire drill record indicated "all exits" for all seven fire drills conducted from 8/21/09 to 2/4/10.	Immediate. 6-4-10	Will document specific exits used during drill and after "site" of fire drill.	Steps have been taken to correct violation; full compliance is not verifiable. Date: 6-11-10 Initials (DPW):

Jun. 11. 2010 9:06AM

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

No. 1735 P. 10/21

JUN 10 2010

NAME AND ADDRESS OF PERSONAL CARE HOME Woodside Place of Oakmont 1215 Hulton Road, Oakmont, Pennsylvania, 15139		CURRENT LICENSE NUMBER Adult Residential Licensing 429730		
INSPECTION DATE(S) (Include all dates of the inspection) May 13, 2010		REGIONAL REPRESENTATIVE Leslie Patton and Lisa Finner- Alman		
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141a-2 The medical evaluation shall include the following: (4) Special health or dietary needs of the resident.	The initial medial evaluation in for resident #2 dated 2/15/10, did not specify the resident's dietary needs.	<i>Immed.</i> 6-4-10	Order for diet on admission orders. Will monitor MA-55 for completion when returned from physician.	6-11-10 <i>g</i>

Jun. 11. 2010 9:06AM

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

JUN 10 2010

No. 1735 P. 11/21


NAME AND ADDRESS OF PERSONAL CARE HOME Woodside Place of Oakmont 1215 Hulton Road, Oakmont, Pennsylvania, 15139		CURRENT LICENSE NUMBER Adult Residential License #29730	
INSPECTION DATE(S) (Include all dates of the inspection) May 13, 2010		REGIONAL REPRESENTATIVE Leslie Patton and Lisa Flinger-Alman	
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 <i>Jessie Collins</i>	DATE 6/4/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 6-11-10

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
141b2 A resident shall have a new medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation.	Resident #3 began receiving hospice services 2/7/10. The home did not complete a new medical evaluation as a result of the resident's change in medical condition.	Immediate 6-4-10	Residents with significant changes will have a new MA-55 completed by physician. While resident review meeting will monitor change in condition that may trigger MA-55, assessment, support plan. Will be reviewed monthly @ all mtgs	6-11-10 <i>g</i>

Jun. 11. 2010 9:06AM

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

JUN 10 2010

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INSPECTION DATE(S) (Include all dates of the inspection) May 13, 2010	REGIONAL REPRESENTATIVE Leslie Patton and Lisa Flinner- Alman	
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143a The home shall have a written emergency medical plan that includes the following: (1) The hospital or source of health care that will be used in an emergency. This shall be the resident's choice, if possible. (2) Emergency transportation to be used. (3) An emergency-staffing plan.	The home's emergency medical plan does not specify the home's emergency staffing plan to be implemented in the event of a medical emergency.	6/5/10	Policy & procedure will be rewritten - Emergency staffing section added at time of survey.	6-11-10 JK

No. 1735 P. 12/21

Jun. 11. 2010 9:06AM

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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

No. 1735 P. 13/21


NAME AND ADDRESS OF PERSONAL CARE HOME Woodside Place of Oakmont 1215 Hulton Road, Oakmont, Pennsylvania, 15139		JUN 10 2010	CURRENT LICENSE NUMBER 429730
INSPECTION DATE(S) (Include all dates of the inspection) May 13, 2010	REGIONAL REPRESENTATIVE Leslie Patton and Lisa Flinger-Alman		
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 <i>Jessica Colburn</i>	DATE 6/11/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 6-11-10

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
184a The original container for prescription medications shall be labeled with a pharmacy label that includes the following: (4) The prescribed dosage and instructions for administration.	Resident #3 is prescribed Lorazepam .25ml to be administered every 4 hours as needed. The pharmacy label does not indicate the correct instructions for administration. The pharmacy label indicates Lorazepam .25ml is to be administered every 8 hours as needed. Resident #3 is prescribed Morphine Sulfate 20mg. The pharmacy label does not specify the dose to be administered if the resident experiences sever pain.	5/14/10	## Label corrected on medication by staff Staff re-educated to check NAR with label. Wkly audits will be conducted & reported @ OH meetings. Medication re-labeled by pharmacy to indicated order. by staff Staff re-educated to check order with label.	Steps have been taken to correct violation; full compliance is not verifiable 6-11-10 Date Initials (DPW)

Jun. 11. 2010_ 9:06AM

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

No. 1735 P. 14/21

NAME AND ADDRESS OF PERSONAL CARE HOME Woodside Place of Oakmont 1215 Helton Road, Oakmont, Pennsylvania, 15139		JUN 10 2010 Adult Residential Licensing	CURRENT LICENSE NUMBER 429730
INSPECTION DATE(S) (Include all dates of the inspection) May 13, 2010		REGIONAL REPRESENTATIVE Leslie Patton and Lisa Flinner-Alman	
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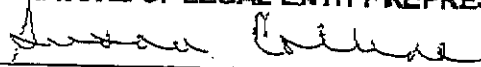
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185a The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	Resident #3 is prescribed Lorafacine 10mg to be administered daily as needed. The medication was not in the home at the time of inspection. Resident #3 is prescribed Clindamycin 600mg to be administered 30-60 minutes prior to dental procedures. The medication was not in the home at the time of inspection.	Immed. 6-4-10 Immed. 6-4-10	Medication received @ end of day 5/31/10. Staff educated - weekly audits & report @ mtg. Dental procedures are not frequent - order placed on MAR so as not to overlook new order for antibiotic prior to a dental procedure. Med not maintained in cart due to possibility of expiration -	Steps have been taken to correct violation; full compliance is not verifiable 6-11-10 Date Initials (DPW)

Will change procedure to support plan -

Jun. 11. 2010 9:07AM

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

No. 1735 P. 15/21

NAME AND ADDRESS OF PERSONAL CARE HOME Woodside Place of Oakmont 1215 Hurlon Road, Oakmont, Pennsylvania, 15139		JUN 10 2010	CURRENT LICENSE NUMBER 429730
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187d The home shall follow the directions of the prescriber.	Resident #4 is prescribed Tears Naturale II to be administered in each eye three times daily and PRN. Staff has not signed the resident's Medication Administration Record indicating the eye drops are being administered three times a day.	Immediate 6-4-10 6/30/10	NAR updated to include Tears Naturale II Staff educated to check order, with NAR. Audits will be conducted weekly monthly to ensure NAR's are accurate. To be reviewed @ QN meeting	6-11-10

Jun. 11. 2010 9:07AM

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

No. 1735 P. 16/21

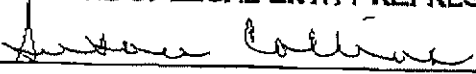

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Jessan Collins</i>		DATE 6/11/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JFL</i>
			DATE 6-11-10


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
202 The following procedures are prohibited: (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.	Resident #5 is prescribed Risperidone .25mg by mouth twice a day as needed for agitation.	Immed. 6-11-10	Order re-written by physician to include auditory - Will monitor use of drugs ordered as prn. Physician educated re: use of chemical restraints. # 202.	6-11-10 <i>JFL</i>

Jun. 11. 2010 9:07AM

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

No. 1735 P. 17/21


NAME AND ADDRESS OF PERSONAL CARE HOME Woodside Place of Oakmont 1215 Hutton Road, Oakmont, Pennsylvania, 15139		JUN 10 2010	CURRENT LICENSE NUMBER 429730
INSPECTION DATE(S) (Include all dates of the inspection) May 13, 2010		REGIONAL REPRESENTATIVE Adult Residential Licensing Leslie Patton and Lisa Finner-Alman	
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 	DATE 6/4/10 6/11/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 6-11-10

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
225c The resident shall have additional assessments as follows: (2) If the condition of the resident significantly changes prior to the annual assessment.	Resident #3 began receiving hospice services 2/7/10. The home did not complete a new assessment as a result of the resident's change in medical condition.	Immediate 6-4-10	All residents with significant changes in medical condition will be assessed immed & a new support plan developed - Residents with significant changes will be monitored thru wtkly resident review and reported @ monthly QA mtg	6-11-10 

Jun. 11. 2010 9:07AM

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

No. 1735 P. 18/21

NAME AND ADDRESS OF PERSONAL CARE HOME Woodside Place of Oakmont 1215 Hulton Road, Oakmont, Pennsylvania, 15139		JUN 10 2010	CURRENT LICENSE NUMBER 429730
INSPECTION DATE(S) (Include all dates of the inspection) May 13, 2010		REGIONAL REPRESENTATIVE Licensing Leslie Patton and Lisa Flinner- Alman	
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 	DATE 6/4/10 6/11/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 6-11-10


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
227c The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.	Resident #3 began receiving hospice services 2/7/10. The home did not complete a new support plan as a result in the resident change in medication condition. (medical?)	Immediate 6-4-10	All residents will receive updated as support upon significant change in condition include hospice care. Monitored through wklly resident review and QA mtgs.	6-11-10 <i>S</i>


Jun. 11. 2010 9:07AM

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

No. 1735 P. 19/21

NAME AND ADDRESS OF PERSONAL CARE HOME Woodside Place of Oakmont 1215 Hulston Road, Oakmont, Pennsylvania, 15139		JUN 10 2010	CURRENT LICENSE NUMBER 429730
INSPECTION DATE(S) (Include all dates of the inspection) May 13, 2010		REGIONAL REPRESENTATIVE <i>Adult Residential Licensing</i> Leslie Patton and Lisa Finner- Alman	
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 	DATE 6/4/10 6/11/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 6-11-10

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
252 Each resident's record shall include the following information: (3) A photograph of the resident that is no more than 2 years old.	The photos of the following residents are more than two years old: <ul style="list-style-type: none"> Resident #3: photo dated 3/18/08. Resident #6: photo dated 3/6/07. Resident #7: photo dated 11/22/06. Resident #8: photo dated 4/1/08. 	6/1/10	Residents 3, 6, 7, 8 now have current photos - Spreadsheet developed with date of last picture and due date. Will audit @ QM mfg.	6-11-10 

Jun. 11. 2010 9:07AM