



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

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670
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OCT 26 2010

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 September 9, 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

No. 1915 P. 2

NAME AND ADDRESS OF PERSONAL CARE HOME LONGWOOD AT OAKMONT ASSISTED LIVING CENTER, 500 ROUTE 909 VERONA, PA 15147		CURRENT LICENSE NUMBER 441390	
INSPECTION DATES (Include all dates of the inspection) 09/09/2010		REGIONAL REPRESENTATIVE Michael Marini, Jan Cutter	
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 Paul RN NHA Director of Assisted Living</i>			
SIGNATURE OF LEGAL ENTITY <i>Karen Paul RN NHA</i>	DATE <i>Oct. 8, 2010</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>10-15-10</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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 BY
133a1 If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.	There was no exit sign over the exit door in the 1st floor living area. The home currently serves 19 residents.	<i>10/5/2010</i>	<i>An exit sign was placed over the first floor living area. The sign bears the word "EXIT" in plain legible letters that are red in color and 6 inches high and each letter is at least 3/4 inch wide. (See attached picture)</i>	<i>10-15-10 [Signature]</i>

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

No. 1915 P. 4

NAME AND ADDRESS OF PERSONAL CARE HOME LONGWOOD AT OAKMONT ASSISTED LIVING CENTER, 500 ROUTE 909 VERONA, PA 15147		CURRENT LICENSE NUMBER 441390	
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REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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 BY
141a 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.	Resident 1 was admitted on 4/30/10. The resident's medical evaluation was completed on 2/10/10. Resident 2 was admitted on 3/8/10. The resident's medical evaluation was completed on 4/22/10.	9/14/2010 (See attached) 9/14/2010 10/8/2010 10/8/2010 for 3 months	An updated MA-55 reflecting the current resident's medical status was obtained on resident #1. Resident #2 - Resident was admitted to ALC on 3/8/10 from the Longwood skilled facility. When re-evaluating the resident's record on 9/14/10 the original MA-55 was discovered and was placed on the ALC record. (See attached) Resident #2 - the 4/22/10 MA-55 was an updated assessment after the resident had returned from a hospital visit. (See attached) All resident medical records were reviewed to ensure that the MA-55 was completed and signed within time frames as specified in 141a. All new MA-55's will be reviewed by the ALC nurse and Administrator for completion and within time frames as specified in 141a. An audit will be completed monthly by the Administrator or designated person for compliance.	10-15-10 <i>[Signature]</i>

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

No. 1915 P. 5

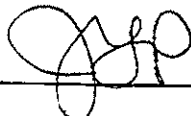
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REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	Resident 1's medical evaluation, dated 2/5/10, referred to an attached list of medications that was unsigned and undated.	9/14/2010	HN updated MA-55 reflecting the current residents medical status along with an attached list of medications signed and dated by the physician was obtained. (see attached)	10-15-10 <i>[Signature]</i>
		10/8/2010	All resident medical records were reviewed to ensure that any attached list of medications to the MA-55 were signed and dated by the physician.	
		10/8/2010	All new MA-55's with attached medication lists will be reviewed by the Administrator and ALL Nurse for physician signature and date.	
		10/8/2010	An audit will be completed monthly for 3 months by the Administrator or designated person for compliance.	

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No. 1915 P. 6

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history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.				

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VIOLATION REPORT
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REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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 BY
I85a 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 had an order for Proscar once daily. The medication was not administered at 8:00 am on the morning of the inspection because it was not available.	9/9/2010 9/9/2010 9/10/2010 9/10/2010 10/15/2010	<p>A medication error report was sent to DPW Pittsburgh office for error of omission.</p> <p>AN inventory was completed of all of resident #3's medications to ensure that they were available for access and distribution. The Proscar medication was obtained on this date and was available for administration starting 9/10/10.</p> <p>An inventory was completed on all residents' medications to ensure that medications were available for access and administration.</p> <p>A monthly audit will be completed by the Administrator and or designated staff person for 3 months to ensure that all residents' medications are available for administration.</p> <p>All ALL staff who administer medications will be re-educated to the proper process of medication administration and the ordering process to ensure that all medications are available for distribution.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: right;">Date 10-15-10 <i>[Signature]</i></p> <p style="text-align: right; font-size: small;">Initials (only)</p>

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

No. 1915 P. 12

NAME AND ADDRESS OF PERSONAL CARE HOME LONGWOOD AT OAKMONT ASSISTED LIVING CENTER, 500 ROUTE 909 VERONA, PA 15147		CURRENT LICENSE NUMBER 441390	
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Oct. 8. 2010 6:10PM

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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 BY
226a The resident shall be assessed for mobility needs as part of the resident's assessment.	Resident 2's medical evaluation, dated 4/22/10, indicated the resident is unable to move from place to place without assistance. Resident 2's assessment, dated 3/22/10, indicated the resident is mobile.	9/10/2010 10/8/2010 10/8/2010 10/8/2010	Resident #2's MA-55 of 4/22/10 was corrected by the resident's physician to state that the resident is mobile using a walker as indicated on 3/22/2010 assessment. (See attached) An audit was completed to ensure that all resident's mobility needs were documented correctly on the MA 55's and the assessments. All new MA 55's and assessments will be reviewed by the Administrator or designated staff person for accuracy of resident's mobility needs. An audit will be completed monthly for 3 months by the Administrator or designated person for compliance.	10-15-10 <i>[Signature]</i>