



**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
11 Stanwix Street  
Room 230  
Pittsburgh, Pennsylvania 15222**

**ADULT RESIDENTIAL LICENSING**

Phone: (412) 565-5616/5614  
Toll Free: 1-888-322-3664  
Fax: (412) 565-5633/565-2840  
[www.dpw.state.pa.us](http://www.dpw.state.pa.us)

Mailing Date: **DEC 30 2011**

Mr. Paul M. Winkler, CEO  
Presbyterian Senior Care, Inc.  
Westminster 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 October 26, 2011, 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.

Sincerely,

A handwritten signature in black ink that reads "Janine Wenzig".

Janine Wenzig  
Regional Licensing Administrator

Enclosure(s)


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

NAME AND ADDRESS OF PERSONAL CARE HOME WESTMINSTER PLACE OF OAKMONT, 1215 HULTON ROAD OAKMONT, PA 15139		CURRENT LICENSE NUMBER 429620	
INSPECTION DATES (Include all dates of the inspection) 10/26/2011		REGIONAL REPRESENTATIVE L. Mazza, J. Cutter	
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 <i>Kathy Hammar</i>	DATE 12/13/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 12/27/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
16c The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).	Resident #1 is ordered Donzepil HCL-10mg-"1 tablet by mouth daily." According to resident #1's medication administration record, this medication was not administered on: 8/2/11, 8/3/11, 8/13/11, 8/14/11, 8/19/11-8/21/11. The medication administration record states "medication not available." These missed doses were not reported to the Department.	12/13/11	<p>On 9/14/11, a reportable incident was sent to DPW upon receiving a family concern of a pharmacy bill for Donzepil HCL. Review of the MAR noted missed doses were a result of unavailable mail order meds. Staff notified the resident's MD and pharmacy of meds needed for the specific dates noted, but did not report the med errors to the RN for reporting purposes of the med errors.</p> <p>The Medication Assistance Policy and Procedure was reviewed and revised. Staff education regarding medication errors was completed by 10/29/11 regarding immediate notification of unavailable medications to the shift charge nurse for appropriate follow-up actions, including immediate reporting to the Resident Service Coordinator and/or Administrator for timely reports to DPW.</p> <p>All residents MARs are reviewed monthly by the RN or Administrator for QA purposes. An audit the November medication administration records for November did not note any med errors related to unavailable meds.</p>	<i>[Signature]</i> 12/27/11
<b>Western Region</b>				
<b>Adult Residential Licensing</b>				



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

NAME AND ADDRESS OF PERSONAL CARE HOME WESTMINSTER PLACE OF OAKMONT, 1215 HULTON ROAD OAKMONT, PA 15139		CURRENT LICENSE NUMBER 429620	
INSPECTION DATES (Include all dates of the inspection) 10/26/2011		REGIONAL REPRESENTATIVE L. Mazza, J. Cutter	
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	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/27/14

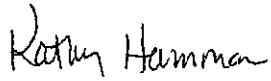

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
history. (7) Medication regimen, contraindicated medications, medication 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.	<h2 style="margin: 0;">Western Region</h2>			


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

NAME AND ADDRESS OF PERSONAL CARE HOME WESTMINSTER PLACE OF OAKMONT, 1215 HULTON ROAD OAKMONT, PA 15139		CURRENT LICENSE NUMBER 429620	
INSPECTION DATES (Include all dates of the inspection) 10/26/2011		REGIONAL REPRESENTATIVE L. Mazza, J. Cutter	
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 <i>Kathy Hamma</i>	DATE 12/13/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 12/27/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
141b1 A resident shall have a medical evaluation: (1) At least annually.	Resident #1's most recent medical evaluation was completed on 10/8/10.  <b>Western Region</b>  <b>Adult Residential Licensing</b>	12/13/11	<p>Resident #1 visited MD on 9/27/11 for an annual check-up and completion of the medical evaluation form, however the form was not immediately returned.</p> <p>The unit secretary notified the MD office on 10/27/11, of the missing MA55, and received a copy of the annual MA55 dated 9/27/11, which was placed in the residents medical record.</p> <p>An audit for the completion of annual medical evaluations will be done monthly by the unit secretary. Results will be forwarded to the Resident Service Coordinator for review and forward to the Administrator for QA purposes.</p>	12/27/11

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

NAME AND ADDRESS OF PERSONAL CARE HOME WESTMINSTER PLACE OF OAKMONT, 1215 HULTON ROAD OAKMONT, PA 15139		CURRENT LICENSE NUMBER 429620	
INSPECTION DATES (Include all dates of the inspection) 10/26/2011		REGIONAL REPRESENTATIVE L. Mazza, J. Cutter	
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 	DATE 12/13/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/27/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
188b A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.	Resident #1 is ordered Donzepil HCL-10mg-"1 tablet by mouth daily." According to resident #1's medication administration record, this medication was not administered on: 8/2/11, 8/3/11, 8/13/11, 8/14/11, 8/19/11-8/21/11. The medication administration record states "medication not available." These missed doses were not reported resident, the resident's designated person or the prescriber.  Repeated Violations: 04/18/2011  <p style="text-align: center; font-size: 1.2em;">Western Region</p>  <p style="text-align: center;">Adult Residential Licensing</p>	12/13/11	Resident #1's family and physician were notified of the missed doses of Donzepil on 9/14/11.  The Medication Assistance Policy and Procedure was reviewed and revised. Staff education regarding medication error notifications was completed by 10/29/11, emphasizing immediate notification to the resident's physician for any follow-up action and informing the resident's family or responsible party of the med error.  All med errors are tracked and trended for QA purposes.	 12/27/11

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

NAME AND ADDRESS OF PERSONAL CARE HOME WESTMINSTER PLACE OF OAKMONT, 1215 HULTON ROAD OAKMONT, PA 15139		CURRENT LICENSE NUMBER 429620	
INSPECTION DATES (Include all dates of the inspection) 10/26/2011		REGIONAL REPRESENTATIVE L. Mazza, J. Cutter	
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 <i>Kathryn Hemma</i>	DATE 12/13/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 12/27/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
<p>187a</p> <p>A medication record shall be kept to include the following for each resident for whom medications are administered:</p> <ol style="list-style-type: none"> <li>(1) Resident's name.</li> <li>(2) Drug allergies.</li> <li>(3) Name of medication.</li> <li>(4) Strength.</li> <li>(5) Dosage form.</li> <li>(6) Dose.</li> <li>(7) Route of administration.</li> <li>(8) Frequency of administration.</li> <li>(9) Administration times.</li> <li>(10) Duration of therapy, if applicable.</li> <li>(11) Special</li> </ol>	<p>The medication administration record for resident #3 does not include a diagnosis for the following medications:</p> <ul style="list-style-type: none"> <li>• Alprazolam-0.25mg-"1 tablet by mouth at bedtime."</li> <li>• Aspirin-325mg-"1 tablet by mouth everyday."</li> <li>• Fish Oil-1200mg-"1 capsule by mouth everyday."</li> <li>• Metoprolol Tartrate-50mg-"1 tablet by mouth twice daily."</li> <li>• Simvastatin-20mg-"1 tablet by mouth daily."</li> <li>• Tab-A-Vite-"1 tablet by mouth daily."</li> </ul> <p>Repeated Violations: 04/18/2011</p> <p style="text-align: center; font-size: 1.2em; font-weight: bold;">Western Region</p>	<p>12/13/11</p>	<p>The pharmacy did not carry over the diagnoses for the medications listed on Resident #3's medication administration records (MAR) from the September MARs to the October MARS. Diagnosis was added to the Oct. MAR. Pharmacy was made aware of the lack of diagnosis carry over for resident #3.</p> <p>The Medication Assistance Policy and Procedure was reviewed and revised. Staff education was completed by 10/29/11, related to reporting missing diagnosis to the shift charge nurse.</p> <p>All residents MARs were checked to ensure that diagnosis for all medications are included. A monthly audit will be completed by nursing to identify any missing diagnosis, and forwarded to the Administrator for QA purposes.</p>	<p><i>[Signature]</i> 12/27/11</p>

