

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 PERSONAL CARE 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 March 22, 2012 until March 22, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **429900**

Robert E. Robinson

ISSUING OFFICER

[Signature]

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

APR 20 2012

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

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

Dear Mr. Haye:

As a result of the Department of Public Welfare's licensing inspection on March 22, 2012 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, appearing to read 'R. Melusky'.

Ronald Melusky
Director

Enclosures
License
Violation Report

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

Apr. 5, 2012 2:13PM

NAME AND ADDRESS OF PERSONAL CARE HOME LONGWOOD AT OAKMONT PERSONAL CARE CENTER, 500 ROUTE 909 VERONA, PA 15147		CURRENT LICENSE NUMBER 429900	
INSPECTION DATES (Include all dates of the inspection) 03/22/2012		REGIONAL REPRESENTATIVE Diane Whitney, Dennis Ropon	
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 Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Karen Paul RN</i>	DATE <i>4-4-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>4/5/12</i>

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
25b 25b - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	The contract for resident #1, dated 6-22-2011, was not signed by the 2 listed payers.	<i>3-23-12</i> <i>4-13-12</i>	<i>A revised contract for resident #1 was signed by the resident as the payor on 3/23/12 as the resident is able to manage finances with assistance from children POA's. An audit will be completed on all current residents charts to ensure that the contract is signed by the resident and or payor. The Administrator/designee will review all new admission contracts for signatures - Findings will be reported at the QI meetings.</i>	<i>[Signature]</i> <i>4/5/12</i>

Western Region
APR 05 2012
Adult Residential Licensing

No. 8808 P. 4

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

Apr. 5, 2012 2:13PM

NAME AND ADDRESS OF PERSONAL CARE HOME LONGWOOD AT OAKMONT PERSONAL CARE CENTER, 500 ROUTE 909 VERONA, PA 15147		CURRENT LICENSE NUMBER 429900	
INSPECTION DATES (Include all dates of the inspection) 03/22/2012		REGIONAL REPRESENTATIVE Diane Whitney, Dennis Roop	
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>Karen Paul RN</i>	DATE 4-4-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 4/5/12

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
91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	The telephone in bedroom #2104 did not have the nearest hospital, police, fire, ambulance, poison control, local emergency management, and personal care home hotline phone numbers posted by or programmed into the phone.	3/23/12	The emergency phone numbers were posted by the phone in #2104 and by the 2 phones in #2110. The residents were educated in the importance and necessity of keeping the emergency numbers by the phones.	
	The 2 telephones in bedroom #2110 did not have the nearest hospital, police, fire, ambulance, poison control, local emergency management, and personal care home hotline numbers posted by the phone.	3/23/12	All phones in the P.C. Building were checked to ensure the emergency numbers were posted on or near the phones.	4/5/12
		4/13/12	Staff will be inservice regarding emergency phone numbers being posted on or nearby each telephone in the P.C. Building. The Administrator/Designer will monitor weekly for one month and monthly for 3 months to ensure compliance. Findings will be reported at QI meetings.	

Western Region
 APR 05 2012
 Adult Residential Licensing

No. 8808 P. 5

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

Apr. 5. 2012 2:13PM

NAME AND ADDRESS OF PERSONAL CARE HOME LONGWOOD AT OAKMONT PERSONAL CARE CENTER, 500 ROUTE 909 VERONA, PA 15147		CURRENT LICENSE NUMBER 429900	
INSPECTION DATES (Include all dates of the inspection) 03/22/2012		REGIONAL REPRESENTATIVE Diane Whitney, Dennis Rojon	
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>Lauren Paul RN</i>	DATE 4-4-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jh</i>	DATE 4/5/12

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
103g Food shall be stored in closed or sealed containers.	The walk in cooler in the kitchen contained 2 trays of cooked chicken and one tray of rice and carrots that were unsealed. The small upright cooler contained a tray of cole slaw that was unsealed.	3/22/12 3/22/12 4/13/12	The unsealed trays of chicken, rice, carrots and cole slaw were discarded. All coolers were checked to ensure that all items were sealed. Staff will be inserviced on the importance of this regulation and the proper storage of food. All coolers will be monitored daily and the Dining Director will review the monitors 3x week for 4 weeks. These findings will be reported at the QI meetings.	<i>Jh</i> 4/5/12

Western Region

APR 05 2012

Adult Residential Licensing

No. 8808 P. 6

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

NAME AND ADDRESS OF PERSONAL CARE HOME LONGWOOD AT OAKMONT PERSONAL CARE CENTER, 500 ROUTE 909 VERONA, PA 15147		CURRENT LICENSE NUMBER 429900	
INSPECTION DATES (Include all dates of the inspection) 03/22/2012		REGIONAL REPRESENTATIVE Diane Whitney, Dennis Ropon	
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>Karen Paul RA</i>	DATE 4-4-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE

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
183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	<p>On 3-22-2012 in resident #1's bedroom refrigerator were 1 vial of Lantus 100U/1ML, 1 vial of Novolog 100U/ML, 1 unopened box of Novolog 15ML, 4 Lantus Solostar pens, 2 Novolog flex pens, and 1 unopened box of Lantus Solostar pens that were unlocked and accessible to residents.</p> <p>On 3-22-2012 in resident #1's dining room was a wooden box on the table that contained 6 syringes that were unlocked and accessible to residents.</p> <p>On 3-22-2012 in resident #4's bedroom on top of the dresser were the following medications - Calcium with vitamin D, Optivite eye drops, Vitamin B-12, and Vitamin D. The resident does not lock the doors to the room/bedroom when leaving.</p> <p>Repeated Violations: 02/08/2011</p>	<p>3/23/12</p> <p>4/13/12</p>	<p>Resident #1 Lantus, Novolog, Solostar insulin were removed from refrigerator and locked in staff room medication refrigerator. The syringes and medications on resident's dresser were locked in cabinet in resident's bathroom - resident has a key. Resident was educated on the importance of keeping all medications locked and syringes.</p> <p>Staff will be instructed to this regulation and the importance of residents locking all medications when leaving their apartments.</p> <p>The Director/Designer will monitor the resident locking of medications daily for 2 weeks and then weekly for 4 weeks. Findings will be reported at QI meetings.</p>	<p>Steps have been taken to correct violation; full compliance is not verified.</p> <p>Date: 4/13/12</p>

Western Region
 APR 05 2012
 Residential Licensing
 Adult

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

APR. 5. 2012 2:14PM

NAME AND ADDRESS OF PERSONAL CARE HOME LONGWOOD AT OAKMONT PERSONAL CARE CENTER, 500 ROUTE 909 VERONA, PA 15147		CURRENT LICENSE NUMBER 429900	
INSPECTION DATES (Include all dates of the inspection) 03/22/2012		REGIONAL REPRESENTATIVE Diane Whitney, Dennis Ropoz	
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>Karen Paulson</i>	DATE 4-4-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 4/5/12

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
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.	<p>Resident #4 self administers medications. The following self administered medications were not available : Fibercon 625mg tablets, 2 tablets 3 times a day; Mytab Gas 80mg, 2 tablets 3 times a day; Senna Plus 2 tablets at bedtime; Tab-A-Vite 1 tablet once daily; Refresh/Lubrifresh PM, apply topically to each eye at bedtime. Through resident and staff interviews, it could not be determined when the resident last received these medications.</p> <p>Resident #4 is prescribed Prilosec 20mg, 1 capsule 1 time a day. The medication was not available in the home.</p>	3/23/12	<p>Upon interviewing the resident - resident #4 stated [REDACTED] did not want to take these medications. Except the Refresh. A physician order was obtained to discontinue Fibercon, Mytab, Senna Plus, Tab-A-Vite. Resident was educated to keep Refresh locked in locked cabinet of which resident has a key. Resident #4 Prilosec - a 60 day supply was received on 11/23/12 from the pharmacy and another 60 day supply was received on 3/23/12. The medication record indicates that the Prilosec was administered a day as ordered by the physician.</p>	<i>[Signature]</i> 4/5/12

Western Region

APR 05 2012

Adult Residential Licensing

No. 8808 P. 8

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

APR. 5. 2012 2:14PM

NAME AND ADDRESS OF PERSONAL CARE HOME LONGWOOD AT OAKMONT PERSONAL CARE CENTER, 500 ROUTE 909 VERONA, PA 15147		CURRENT LICENSE NUMBER 429900	
INSPECTION DATES (Include all dates of the inspection) 03/22/2012		REGIONAL REPRESENTATIVE Diane Whitney, Dennis Ropon	
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>Karen Paul RA</i>	DATE 4-4-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 4/5/12

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
225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	The assessment dated 1-22-2012 for resident #3 does not address the use of an enabler.	3/23/12 3/23/12 4/13/12	The assessment for resident #3 was updated to address the use of an enabler. An audit of current P.C. residents who utilize enablers was conducted to ensure the assessments were in compliance. Nursing staff will be educated to document on the resident's assessment the use of an enabler. The Director/Designee will review resident assessments monthly for 3 months to ensure that resident mobility needs are documented. Findings will be reported at QIS meetings.	<i>[Signature]</i> 4/5/12

Western Region

APR 05 2012

Adult Residential Licensing

No. 8808 P. 9

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

Apr. 5, 2012 2:15PM

NAME AND ADDRESS OF PERSONAL CARE HOME LONGWOOD AT OAKMONT PERSONAL CARE CENTER, 500 ROUTE 909 VERONA, PA 15147		CURRENT LICENSE NUMBER 429900	
INSPECTION DATES (include all dates of the inspection) 03/22/2012		REGIONAL REPRESENTATIVE Diane Whitney, Dennis Rojon	
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>Harold Paul RA</i>	DATE 4-4-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>B</i>	DATE 4/5/12

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
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.	Resident #1's medical evaluation dated 12-14-2011 indicated the resident needs a low concentrated sweets diet and physical and/or occupational therapy. The resident's support plan does not address how the home will assist the resident in meeting these needs.	3/23/12 3/23/12 4/13/12	<p>The resident #1 support plan was updated to address the ordered diet and physical and occupational therapy.</p> <p>An audit was conducted of current P.C. residents support plans to ensure ordered diets and P.T/O.T needs were addressed.</p> <p>Staff will be instructed on this regulation and the need to document how resident needs are met.</p> <p>The Director/Designee will monitor resident support plans monthly for 3 months to ensure compliance.</p>	<i>J</i> 4/5/12

Western Region

APR 05 2012

Adult Residential Licensing

Findings will be reported at QI meetings.

No. 8808 P. 11

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

NAME AND ADDRESS OF PERSONAL CARE HOME LONGWOOD AT OAKMONT PERSONAL CARE CENTER, 500 ROUTE 909 VERONA, PA 15147		CURRENT LICENSE NUMBER 429900	
INSPECTION DATES (Include all dates of the inspection) 03/22/2012		REGIONAL REPRESENTATIVE Diane Whitney, Dennis Ropon	
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>Karen Paul RN</i>	DATE 4-4-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 4/5/12

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
227e The resident's assessment shall document the ability of the resident to self-administer his/her medications or the need for medication reminders or medication administration.	Resident #1's support plan dated 7-21-2011 does not address the resident's ability to self administer medications with assistance in offering medications at prescribed times. The resident self administers insulin.	3/23/12 3/23/12 4/13/12	<p>#1 The resident's support plan was updated to address the resident's ability to self administer insulin. AN audit was conducted of current P.C. residents who self administer medications to ensure support plans are in compliance. Education will be completed to staff regarding documentation of resident's ability to self administer medications on support plans. The Director (Designee) will monitor support plans monthly for 3 months. Findings will be reported at Q & I meetings.</p>	<i>[Signature]</i> 4/5/12

Western Region

APR 05 2012

Adult Residential Licensing