

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to LONGWOOD AT OAKMONT INC

To operate LONGWOOD AT OAKMONT PERSONAL CARE CENTER

Located at 500 ROUTE 909, VERONA, PA 15147

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 40  
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 October 29, 2012 until October 29, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 441390

*Robert E. Robinson*

ISSUING OFFICER

*R. C. [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



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE:**

**SEP 19 2012**

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 (Department) licensing inspection on August 30, 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 Human Services Licensing so that compliance can be verified.

As a result of your personal care home's recent adjustment of the use of physical space, we are revising your licensed capacity.

Since this is a reduction in the previous licensed capacity, you have the right to appeal this decision through a hearing before the Bureau of Hearing and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager  
Bureau of Human Services Licensing  
Department of Public Welfare  
Room 631 Health and Welfare Building  
625 Forster Street  
Harrisburg, Pennsylvania 17120

Mr. Michael K. Haye

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This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

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 "Ronald Melusky" followed by a stylized flourish.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report



Violation Report: 44139 - 09/30/2012 - Goedert, Caroline  
PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2800

2600.85(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A did not receive training in the Older Adult Protective Services Act since 2010.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Direct Care Staff Person A completed the Older Adult Protective Services Act Training on 8/31/2012.  
 8/31/2012 - All direct care staff and ancillary staff educational records were reviewed to ensure that the OAPSA Training had been completed within the past year.  
 All direct care staff and ancillary staff will complete the 2012 annual training of OAPSA by Oct. 31, 2012.  
 The Administrator/Designee will continually monitor the annual education/training of the Older Adult Protective Services Act for Direct Care staff and ancillary staff to ensure it is completed per this regulation.  
 The findings will be reported at QI meetings.

RECEIVED
SEP 14 2012
By _____

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Karen Paul RN NHA</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>KAREN PAUL RN Administrator</i>	<i>9-13-12</i>

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>9-14-12</u> (Date)	Plan of correction implementation status as of <u>9-14-12</u> (Date)
The above plan of correction was approved by <u><i>KAP</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44139 - 08/30/2012 - Goedert, Caroline  
 PGH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2800  
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION  
 On 8/30/12, a large planter on the sidewalk just outside the exit door blocked the egress route from stairwell G.  
 On 8/30/12, a wicker rocking chair outside the exit door blocked the egress route from the first floor common living room.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.  
 ON 8/30/12 the large planter outside of stairwell G and the wicker rocking chair outside the exit door of the first floor common living room were removed from the egress route.  
 8/30/12 All other egress routes were evaluated to ensure that they were free of obstruction.  
 8/30/12 Direct care staff and ancillary staff were re-educated regarding this regulation and the importance of unobstructed egress routes. Education will be completed by 9/11/12.  
 The Administrator / Designer will monitor the egress routes daily for one week, weekly for one month, monthly for 3 months and monthly during fire drills to ensure that egress routes are unobstructed.  
 Findings will be reported at QI meetings.

RECEIVED  
 SEP 14 2012  
 By \_\_\_\_\_

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Karen Paul RN NHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *KAREN PAUL RN Administrator*      Date *9-13-12*

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 Partially Implemented - Adequate Progress  
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 Not Implemented

Violation Report: 44139 - 08/30/2012 - Goedart, Caroline  
PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600  
2600.132(f) - Alternate exit routes shall be used during fire drills.

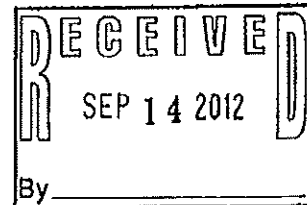
2a. DESCRIPTION OF VIOLATION

The F and G stairwells were used during the fire drills on 9/9/11, 10/11/11, 11/7/11, 12/16/11, 1/3/12, 2/20/12, 3/7/12, 4/16/12, 5/23/12, 6/8/12, 7/12/12, and 8/6/12.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A fire drill will be conducted by Oct. 5, 2012 using alternate exit routes per this regulation.  
9/12/12 The Administrator and Facilities Supervisor revised the plan for the monthly fire drills to include utilizing alternate exit routes.  
The facilities supervisor will keep the records of dates, times and routes utilized. The Administrator will review all records as completed.  
Direct care staff and ancillary staff will be educated to this regulation by 9/21/12.  
This information will be reviewed at QI meetings.



Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Karen Paul RN NHA

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

KAREN PAUL RN  
Administrator

Date 9-13-12

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(Date)

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(Date)

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(Initials)

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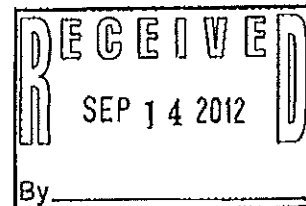
Violation Report: 44139 - 08/30/2012 - Goeder, Caroline  
 PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2800  
 2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION  
 The home typically staffs one staff person during the overnight shift. A review of the fire drill log showed that there was not a drill held with only one staff person within the past year. There were drills conducted on 9/9/11 at 11:20pm and 3/7/12 at 11:22pm with 3 staff persons each, however at these times the staffing between shifts overlaps.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

9/12/12 A fire drill was completed on the overnight shift with one staff member.  
 9/12/12 The Administrator and Facilities Supervisor revised the plan for the monthly fire drills to include that an overnight drill will be conducted once every 6 months per this regulation.  
 The facilities supervisor will keep the records of dates and times. The Administrator will review all records as completed.  
 Direct care staff and ancillary staff will be educated to this regulation by 9/21/12  
 This information will be reviewed at QI meetings.



Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Karen Paul RN NHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *KAREN PAUL RN Administrator*      Date *9-13-12*

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Violation Report: 44139 - 08/30/2012 - Goedert, Caroline  
PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2800

2800.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

Resident #1 has an order for Nitrostat 4mg, dissolve one tablet sublingual every five minutes for three doses as needed for chest pain. The Nitrostat expired in May, 2012.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

8/30/12 Resident #1's expired Nitrostat was destroyed per policy. A new bottle of Nitrostat was obtained from the residents' pharmacy the same day.

8/31/12 All residents' medications were reviewed to ensure that NO medications were expired.

8/31/12 Direct care staff and nursing staff were educated regarding this regulation and education will be completed by 9/21/12.

The Administrator/Designee will monitor all resident medications expiration dates weekly for one month, monthly for 3 months. The pharmacy will monitor monthly on an ongoing basis all resident medications for expiration dates. The Administrator will review the audits as completed. Findings will be reviewed at QI meetings.

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SEP 14 2012  
By \_\_\_\_\_

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Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Karen Paul RN NHA

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)

KAREN PAUL RN  
Administrator

Date 9-13-12

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