



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUN 03 2013

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 February 4, 2013, 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.

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 2500

PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER		License Number: 429900
Address: 500 ROUTE 909, VERONA, PA 15147		County: Allegheny
Administrator: Karen Paul		Region: WEST
Legal Entity Name: LONGWOOD AT OAKMONT INC		Western Field Office Adult Residential Licensing
Legal Entity Address: 500 ROUTE 909, VERONA, PA 15147		
Certificate(s) of Occupancy C-2 LP 12/02/1998 Labor & Industry		
Staffing Hours Resident Support: N/A Total Daily Staff: 32 Waking Staff: 24		
Type of Inspection: Full BHA Docket Number: N/A Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 02/04/2013: Mazza, Larry; Pfaff, Vicki		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: N/A Random Indicators: N/A		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 49 Number of Residents Served: 30 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served In Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 30 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 2 Have a Physical Disability: 1	

Violation Report: 42990 - 02/04/2013 - Mazza, Larry
PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER

MAR 11 2013

1. REGULATION 55 Pa.Code §2600
2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F.
Thermometers are required in refrigerators and freezers.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION
The freezer temperature in the 2nd floor country kitchen was 14 degrees Fahrenheit prior to the noon meal and 14 degrees Fahrenheit at approximately 4:00 pm.

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.

2/4/13 The maintenance department was contacted to check the function of the freezer and thermometer. The freezer was found to be functioning at 0°F and below as evidenced with a new digital thermometer. (See Attached Picture)
The freezer temperature has been monitored daily by Dietary and/or Administrator/designee. Monitoring will continue on a daily routine by Dietary/Administrator or designee. (See Attached)
All staff involved will be educated on this regulation.
By 3/22/13.
Results 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 Administrator

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

KAREN PAUL RN

Date 3-8-13

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

The above plan of correction is approved as of

3/14/13
(Date)

Plan of correction implementation status as of 3/14/13
(Date)

The above plan of correction was approved by

MS
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress MS
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42990 - 02/04/2013 - Mazza, Larry
 PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER

MAR 11 2013

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

Western Field Office
 Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

According to the fire drill logs, stairwell "C" has been used as an exit route during each monthly fire drill conducted from January 2012 to January 2013.

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 was conducted on 2/27/13 using alternate exit routes per this regulation. Stairwell C was not used as an exit route during the drill. The Administrator and Facilities Director revised the plan for the monthly fire drills to include utilizing alternate exit routes per this regulation. The Facilities Director will keep the records of the dates and 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 3/22/13. This information will be reviewed at OI meetings.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Karen Paul RN Administrator

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

KAREN PAUL RN

Date 3-8-13

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Violation Report: 42990 - 02/04/2013 - Mazza, Larry
PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER

MAR 11 2013

1. REGULATION 55 Pa.Code §2600

2600.185(a) - 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.

2a. DESCRIPTION OF VIOLATION

Resident #2 is ordered "Artificial saliva lozengers-Take 1 by mouth as needed." However, this medication was not available in the home.

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 2/4/13 the pharmacy was contacted to check on the status of the Artificial saliva lozengers. The pharmacy was unable to provide. A second pharmacy was contacted and were unable to provide due to the medication not being available from suppliers. The physician was contacted on 2/7/13 and the medication was discontinued. ON 2/5/13 all resident medications were checked to ensure that all ordered medications were available for administration. The Policy and Procedure for pharmacy orders was revised. (See Attached) All direct care staff and nurses will be educated on this regulation and policy change by 3/22/13. An audit will be conducted weekly for one month and monthly for 3 months by the Administrator or designee. Results will be reviewed at QI meetings.

Repeat Violation: Yes Date(s) of Previous Violation(s): 03/22/2012

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) KAREN PAUL RN Date 3-8-13

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Plan of correction implementation status as of 3/14/13 (Date)

The above plan of correction was approved by MS (Initials)

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- Not Implemented

Violation Report: 42990 - 02/04/2013 - Mazza, Larry
PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER

MAR 11 2013

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

Western Piedmont
Adult Residential Home

2a. DESCRIPTION OF VIOLATION

Resident #2 is ordered "Cetirizine-10mg-Take 1/2 tablet by mouth daily." However, the February 2013 medication administration record (MAR) for resident #2 indicates "Cetirizine-5mg-Take 1 tablet by mouth daily and as needed (prn)." The prn documentation for Cetirizine does not include the frequency of administration.

Resident #3 is ordered, "Atorvastin-10mg-Take 1/2 tablet by mouth daily." However, the February 2013 MAR for resident #3 indicates "Atorvastin-10mg-Take 1 tablet by mouth at bedtime."

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 2/4/13 the February MAR was corrected to match the label on the medication for resident #2. (See Attached)

On 2/5/13 All resident medications were reviewed to ensure that the MAR and the medication matched. An audit will be conducted weekly for one month and monthly for 3 months. By the Administrator/Designee.

All staff involved will be educated by 3/22/13. Results will be reviewed at the QI meetings. See page 5A of 6

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **KAREN PAUL RN** Date **3-8-13**

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- Not Implemented

MAR 1 2013

Violation Report: 42990 - 02/04/2013 - Mazza, Larry
PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #2 is ordered "Cetirizine-10mg-Take 1/2 tablet by mouth daily." However, the February 2013 medication administration record (MAR) for resident #2 indicates "Cetirizine-5mg-Take 1 tablet by mouth daily and as needed (prn)." The prn documentation for Cetirizine does not include the frequency of administration.

Resident #3 is ordered, "Atorvastin-10mg-Take 1/2 tablet by mouth daily." However, the February 2013 MAR for resident #3 indicates "Atorvastin-10mg-Take 1 tablet by mouth at bedtime."

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 2/15/13 the resident's physician was contacted for clarification of the orders of Atorvastatin. The MAR and medication were checked for accuracy. (See Attached)

ON 2/15/13 All resident medications were reviewed to ensure that the MAR and the medication matched. An audit will be conducted weekly for one month and monthly for 3 months by the Administrator or designee.

All staff involved will be educated by 3/22/13. Results will be reviewed at QI meetings.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) Karen Paul RN Administrator

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) KAREN PAUL RN	Date 3-8-13
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The above plan of correction is approved as of _____ (Date) _____	Plan of correction implementation status as of _____ (Date) _____
The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42990 - 02/04/2013 - Mazza, Larry
PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600
2600.226(a) - The resident shall be assessed for mobility needs as part of the resident's assessment.

2a. DESCRIPTION OF VIOLATION
Resident #4's assessment, dated 10/28/12, indicates the resident does not have a mobility need. However, this assessment also includes the following information:
* "The resident is very confused, needs redirected frequently and retention is very little."
* The resident has a severe problem with short-term memory. The resident is not able to retain information for short periods of time. Staff to provide step-by-step simple directions."
* "Most of the time the resident can transfer independently; however, does need physical assistance at times to transfer."
Resident #4's medical evaluation, dated 10/18/12, indicates the resident has a mobility need.

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. (Resident #4)
2/5/13 the residents assessment was updated to reflect that the resident has a mobility need as indicated on the medical evaluation.
(See attached)
3/6/13 All resident charts were reviewed to ensure that the residents medical evaluations and assessments were updated to address their current mobility needs.
A weekly audit will be conducted by the Administrator or designee to ensure all assessments and medical evaluations reflect current mobility needs for one month and then monthly for 3 months.
All staff involved will be educated by 3/22/13.
Results 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 Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *KAREN PAUL RN* Date *3-8-13*

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