



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

APR 26 2013

Mr. Colev Gestetner, Managing Member  
Oakwood Residence, LLC  
Oakwood Residence  
2109 Red Lion Road  
Philadelphia, Pennsylvania 19115

Dear Mr. Gestetner:

As a result of the Department of Public Welfare's licensing inspection on March 4, 2013, March 6, 2013 and March 7, 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.

Your regular license for the period of June 10, 2013 to June 10, 2014 was issued on March 1, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky".

Ronald Melusky  
Director

Enclosure  
Violation Report

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

PCH Name: OAKWOOD RESIDENCE		License Number: 132560
Address: 2109 RED LION ROAD, PHILADELPHIA, PA 19115		County: Philadelphia
Administrator: Nochum Feder		Region: SOUTHEAST
Legal Entity Name: OAKWOOD RESIDENCE LLC		
Legal Entity Address: 2109 RED LION ROAD, PHILADELPHIA, PA 19115		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support:	Total Daily Staff: 53	Waking Staff: 40
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Incident		
On-Site Inspections Dates and Department Representatives On-Site 03/04/2013: Adams, Patricia; Sledge, Andrea 03/06/2013: Adams, Patricia; Brewer, Roslyn; Kazimer, Lauren 03/07/2013: Adams, Patricia; Brewer, Roslyn; Kazimer, Lauren		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 89	Number of Residents who:	
Number of Residents Served: 46	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 45	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 7	
Number of Current Hospice Residents: 1	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 3		

Violation Report: 13256 - 03/04/2013 - Adams, Patricia

PCH Name: OAKWOOD RESIDENCE

1. REGULATION 55 Pa.Code §2600

2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The home's elevator certificates expired 7/31/12.

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.

The elevator was inspected and passed on 9/24/12 and 1/4/13 but an inspection certificate was not received by the facility. The PA Department of Labor and Industry were contacted and responded that an elevator certificate will be issued by the end of April 2013 and will be valid for two years.

In the future, when elevator inspections are completed the facility will contact the PA Department of Labor and Industry to obtain the elevator certificate in a timely maner.

Date to be completed 4/30/13

The administrator will receive the certificate on a monthly basis to ensure that it is current and will contract for an elevator inspection 4 months prior to the expiration date. *(SR)*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Nochun Feder*

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

Nochun Feder, Administrator

Date

4/4/13

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

The above plan of correction is approved as of

*4/16/13*  
(Date)

Plan of correction implementation status as of

*4/16/13*  
(Date)

The above plan of correction was approved by

*JB*  
(Initials)

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

Violation Report: 13256 - 03/04/2013 - Adams, Patricia

PCH Name: OAKWOOD RESIDENCE

1. REGULATION 55 Pa.Code §2600

2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION

A package of pasta and a bag of chicken nuggets were stored in the refrigerator, located in the main kitchen, unlabeled and undated.

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.*

The package of undated and unlabeled pasta and chicken were immediately discarded.

The Kitchen Manager's opening and closing checklist now include storeroom and refrigerator inspections to ensure all items are labeled and dated. All open items taken out of original containers will be covered, labeled and dated.

Checklist will be signed by opening and closing manager and kept on file. See attached checklist.

Food Service director will do daily audits for one month and then weekly audits to ensure compliance. Administrator will monitor compliance.

Date to be completed 4/5/13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Pat Feder*

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

Nochum Feder

Date 4/4/13

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

The above plan of correction is approved as of

4/16/13  
(Date)

Plan of correction implementation status as of

4/16/13  
(Date)

The above plan of correction was approved by

*[Signature]*  
(Initials)

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

Violation Report: 13255 - 03/04/2013 - Adams, Patricia

PCH Name: OAKWOOD RESIDENCE

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.

2a. DESCRIPTION OF VIOLATION

On 3/6/13, there was no thermometer in the refrigerator located in the main kitchen.

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.*

The Kitchen Manager's opening and closing checklist now include visual inspections of thermometers inside all refrigerators in the kitchen.

Checklist will be signed by opening and closing manager and kept on file. See attached checklist.

Food Service director will do daily audits for one month and then weekly audits to ensure compliance. Administrator will monitor compliance.

Date to be completed 4/5/13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*M J Feder*

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

*M J Feder*

Date *4/4/13*

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

The above plan of correction is approved as of

*4/16/13*  
(Date)

Plan of correction implementation status as of

*4/16/13*  
(Date)

The above plan of correction was approved by

*[Signature]*  
(Initials)

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

Violation Report: 13256 - 03/04/2013 - Adams, Patricia

PCH Name: OAKWOOD RESIDENCE

1. REGULATION 55 Pa.Code §2600  
 2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION  
 The home's menu for 3/4/13 through 3/10/13 was posted on 3/6/13. The menu for 3/11/13 through 3/17/13 was not posted.

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 weekly menu for the following week 3/11-3/17/13 was immediately posted on 3/6/13.

The Assistant Food Service Director will be responsible to post weekly menus one week ahead. This has been added to her weekly assignments and checklist.

Food Service director will audit weekly to ensure menus are posted one week in advance in assigned area. Administrator will monitor compliance.

Date to be completed 4/5/13

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Nochum Feder*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Nochum Feder* Date *4/14/13*

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

The above plan of correction is approved as of *4/10/13*  
 (Date)

Plan of correction implementation status as of *4/10/13*  
 (Date)

The above plan of correction was approved by *[Signature]*  
 (Initials)

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

Violation Report: 13256 - 03/04/2013 - Adams, Patricia  
 PCH Name: OAKWOOD RESIDENCE

**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**

- The February 2013 medication administration record for resident # 1 does not include diagnosis for Ceflin 500 mg.  
 - The February 2013 medication administration record for resident # 2 does not include diagnosis and strength for Lotrisone Cream and Zinc Oxide. The diagnosis was missing for Novolog Insulin U-100, Levemir 100U/ML, Levemir 46 units. The strength was missing from Novolg 20 units.

**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.*

Diagnosis for Ceflin for elevated WBCs for Resident # 1 on the MAR was corrected immediately.  
 Diagnosis and Strength for Resident # 2 was corrected immediately for 45GM Lotrisone Cream and 60GM Zinc Oxide for reddened areas. Diagnosis was corrected immediately for resident # 2 for Novolog Insulin U -100, Levemir 100U/ML, Levemir 46 units for diabetes. Strength for Novolog 20 units was corrected to U/100 immediately for Resident # 2.

Monthly audits are now in place by med techs to ensure all diagnosis and strengths are documented on MARs. The Director of Nursing will review monthly to ensure audits are done.

The DON has in-serviced all med techs on proper transcription of all meds and checking all monthly medication recaps for proper diagnosis and strengths. See attached .  
 Date to be completed 4/5/13

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) Nochum Feder

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nochum Feder Date 4/4/13

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

The above plan of correction is approved as of 4/16/13 (Date)

Plan of correction implementation status as of 4/16/13 (Date)

The above plan of correction was approved by [Signature] (Initials)

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

Violation Report: 13256 - 03/04/2013 - Adams, Patricia

PCH Name: OAKWOOD RESIDENCE

1. REGULATION 55 Pa.Code §2600

2600.187(d)- The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident # 2 has an order for Aspirin 81, chewable tablets. The label on the resident's aspirin bottle was for Aspirin 81, enteric coated.

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.*

Physician was immediately contacted on 3/7/13 and changed the order from chewable to enteric aspirin.

Monthly audits will be done by med techs to ensure medicine labels and MARs match physician's order. The Director of Nursing will review monthly to ensure audits are done.

All med techs have been in serviced on importance of matching labels with physician orders. See attached.

Date to be completed 4/5/13

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Nochum Feder*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Nochum Feder* Date *4/4/13*

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The above plan of correction is approved as of *4/16/13*  
(Date)

The above plan of correction was approved by *[Signature]*  
(Initials)

Plan of correction implementation status as of *4/16/13*  
(Date)

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