



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

APR 26 2013

Mr. Paul M. Winkler, President/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 March 27, 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 30, 2013 to June 30, 2014 was issued on March 13, 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 APR 15 2013
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: WESTMINSTER PLACE OF OAKMONT		Western Field Office Adult Residential Licensing	License Number: 42962
Address: 1215 HULTON ROAD, OAKMONT, PA 15139		County: Allegheny	
Administrator: Kathy Hammar		Region: WEST	
Legal Entity Name: PRESBYTERIAN SENIOR CARE INC			
Legal Entity Address: 1215 HULTON ROAD, OAKMONT, PA 15139			
Certificate(s) of Occupancy			
C-2 07/18/1995 Labor & Industry	I-1 and B 11/20/2012 The Borough of Oakmont	I-1 and B 03/26/2013 The Borough of Oakmont	
Staffing Hours			
Resident Support: 0	Total Daily Staff: 73	Waking Staff: 55	
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced	
Reason(s) for Inspection(s) Renewal			
On-Site Inspections Dates and Department Representatives On-Site 03/27/2013: Glidden, Michelle; Miller-Linhart, Alden			
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: 135 Number of Residents Served: 70 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: 3 Number of Hospice Residents in past year: 7		Number of Residents who: Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 70 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 3 Have a Physical Disability: 0	

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Violation Report: 42962 - 03/27/2013 - Glidden, Michelle	
PCH Name: WESTMINSTER PLACE OF OAKMONT	
Western Field Office Adult Residential Licensing	
1. REGULATION 55 Pa.Code §2600 2600.131(b) - If the indoor floor area on a floor including the basement or attic is more than 3,000 square feet, there shall be an additional fire extinguisher with a minimum 2-A rating for each additional 3,000 square feet of indoor floor space.	
2a. DESCRIPTION OF VIOLATION The square footage of the attic floor is approximately 9,000 square feet. However, there are only 2 fire extinguishers in this area.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>The square footage of the attic is 8,456.</p> <p>A maintenance order was generated on 4/12/13 to add an additional fire extinguisher in the attic space. The work was completed and inspected by the general manager of operations on 4/12/13.</p> <p>A map of the attic space with icons noting the location of each fire extinguisher was forwarded to the administrator for QA purposes.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Kathy Hammar</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kathy Hammar, Administrator</i>	Date <i>4-15-13</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>4/16/13</u> (Date)	Plan of correction implementation status as of <u>4/16/13</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented MS <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42962 - 03/27/2013 - Glidden, Michelle
 PCH Name: WESTMINSTER PLACE OF OAKMONT

1. REGULATION 55 Pa.Code §2600
 2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION
 The first aid kit in the large bus used to transport residents does not include tweezers, eye coverings, a thermometer, or antiseptic.
 The first aid kit in the smaller van used to transport residents does not include tweezers, a thermometer, or scissors.

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 first Aid Kits from the bus and van were pulled for inventory and Replacement of missing items on 3/29/13.

On 4/12/13, a maintenance request was submitted to confirm first Aid Kits in vehicles were complete. In addition, the drivers were educated on Replacing any used items from the first Aid Kits.

Monthly inventory audits will be completed and reviewed by the general manager of operations to ensure all required items are intact within the first Aid Kits. Findings will be forwarded to Administrator for QA purposes.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Kathy Hamman, Administrator</u>	Date <u>4-15-13</u>
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