



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: AUG 15 2013

Mr. Paul M. Winkler, CEO/President
Presbyterian Senior Care, Inc.
Woodside Place of Oakmont
1215 Hulton Road
Oakmont, Pennsylvania 15139

Dear Mr. Winkler:

As a result of the Department of Public Welfare's (Department) licensing inspection on June 28, 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.

Sincerely,

A handwritten signature in black ink that reads "Janine Wenzig". The signature is written in a cursive style.

Janine Wenzig
Regional Licensing Administrator

Enclosure(s)

RECEIVED

AUG 09 2013

Violation Report: 42973 - 06/28/2013 - Flinner-Alman, Lisa
PCH Name: WOODSIDE PLACE OF OAKMONT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

Resident #1 is diagnosed with dementia and anxiety/behavior disturbance. Residents #2 is diagnosed with dementia. Resident #1 had several episodes in the weeks prior to the incident in which he/she exhibited aggressive behaviors and assaulted staff persons in the home. Resident #1 was also known to wander into the rooms of other residents. Residents #1, #2 and #3 reside in a Secure Care Dementia Unit (SDCU).

On 6/26/13, resident #1 wandered into the bedroom that residents #2 and #3 share. Resident #2 yelled at resident #1 to leave the room. Resident #3 was present in the room. An altercation ensued and resident #1 pushed resident #2. Resident #2 fell and sustained a fractured hip which required surgery.

The home failed to increase supervision of resident #1 after the previous episodes of increased agitation and aggressive behaviors toward others. At the time of the incident, resident #1 was on standard 30-minute checks which all residents in the SDCU receive.

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 #1 had been increased from routine 30 minutes check to 15 minute checks since 7/2/13 (See attachment (a)). Information once completed is provided to the Resident Services Coordinator or designee to review. was seen by UPMC Psychiatry Services on 7/3/13 for a follow up to the incident (see attachment (b)). was ordered follow up blood work/urine was ordered and completed on 7/8/13 and was all within normal limits. The 15 minutes checks have remained in place through 8/4/13.

has a PRN medication available for increased agitation that can be given twice daily (see attachment (c)); Behavior log in place on 8/5/13 to continue to monitoring behaviors, and will be reviewed by the physician on 8/15/13 (see attachment (d)). Staff education for behaviors provided on July 25, 2013 and hand out given on "Tips for helping with dementia behaviors." (see attachment (e)).

Immediately - The administrator will ensure supervision of residents is sufficient at all times to ensure residents, including residents with aggressive and/or wandering behaviors do not pose a safety risk to themselves or other residents.

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

Signature of Legal Entity Representative (Required on EVERY Page) Cheryl Cabelli RSC

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl Cabelli Resident Serv. Coord Date 8/9/13

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

The above plan of correction is approved as of 8/13/13 (Date)

Plan of correction implementation status as of 8/13/13 (Date)

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

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

OK 8/13/13

RECEIVED

Violation Report: 42973 - 08/28/2013 - Flinner-Alman, Lisa
PCH Name: WOODSIDE PLACE OF OAKMONT

1. REGULATION 55 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

AUG 09 2013

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The most recent medical evaluations for residents #2 and 3's were completed on 5/28/12.

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.

To comply with regulation #2600.141 (b) (1), resident #2, and resident #3 annual medical evaluations where completed on 7/1/13 by the residents physician (see attachment (f)). Starting immediately, all resident physicals will be completed annually within the appropriate time frames in accordance to date of previous evaluation by the resident's physician. This will be accomplished by the Resident Services Coordinator or designee monitoring dates monthly and establishing doctor appointments for the physicals. An annual physical due date form (see attachment (g)) has been established to monitor the annual medical evaluations.

* and when a resident has a significant change in condition.

J. 8/13/13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Cheryl Cavelli

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

Cheryl Cavelli, Resident Serv. Coord.

Date 8/9/13

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8/13/13
(Date)

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