



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

OCT 08 2013

Ms. Tama M. Carey, Interim Executive Director
Longwood at Oakmont, Inc.
Longwood at Oakmont Personal Care Center
500 Route 909
Verona, Pennsylvania 15147

Dear Ms. Carey:

As a result of the Department of Public Welfare's licensing inspection on August 15, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) must be maintained.

Your regular license for the period October 29, 2013 to October 29, 2014 was issued on July 24, 2014. Your regular license remains in good standing.

Sincerely,

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

Ronald Melusky
Director

Enclosure
License Inspection Summary

Violation Report: 44139 - 08/15/2013 - Garrigan, Laurie
PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER

SEP 25 2013

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

There is an approximate 1/4" accumulation of dust on the ventilation filters throughout the home including the filters in the 1st and 2nd floor laundry rooms.

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.

8/15/13 The ventilation filters in the 1st and 2nd floor laundry rooms were cleaned by maintenance.
8/16/13 All other ventilation filters throughout the building were checked and cleaned by maintenance staff.
The cleaning of the ventilation filters has been placed on a quarterly maintenance checklist.
The Administrator/Director of Maintenance will monitor monthly for 3 months for compliance.
Findings will be reviewed at the 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 Administrator

Date 9-24-13

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

The above plan of correction is approved as of

9/26/13
(Date)

Plan of correction implementation status as of

9/26/13
(Date)

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

The above plan of correction was approved by

MS
(Initials)

Violation Report: 44139 - 08/15/2013 - Garrigan, Laurie
 PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION
 There are no emergency service numbers posted on or near the telephone at the entrance of the lower lobby.
 The current personal care home complaint hotline number is not included in the emergency service numbers posted near the telephone across the hall from the common bathroom in the 1st floor lobby.

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.
 8/15/13 The emergency service numbers were posted on the phone at the entrance of the Lower Lobby and the complaint hotline number was added to the emergency service numbers posted near the phone across the hall from the common bathroom in First floor lobby.
 8/15/13 All phones in the building were checked to ensure that the emergency service numbers were posted on or near the phones.
 By 9/30/13 staff will be in-serviced regarding this regulation.
 The Administrator/Designee will monitor for compliance weekly for one month and monthly for 3 months.
 Findings will be reported 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 Administrator* Date *9-24-13*

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SEP 25 2013

Violation Report: 44139 - 08/15/2013 - Garrigan, Laurie
PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The home's fire drill record does not include the evacuation time in minutes and seconds for the following drills:

Date	Time of Drill	Evacuation time
12/31/12	6:15 am	5 min.
1/25/13	1:50 pm	5 min.
2/27/13	6:15 am	3 min.
3/27/13	6:53 am	3 min.
4/26/13	2:10 pm	4 min.
5/10/13	4:28 pm	4 min.
6/27/13	5:13 am	4 min.
7/30/13	11:11 am	4 min.

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.

All future fire drills starting with September will be documented for the exact time of the evacuation including minutes and seconds.

The Administrator and the Director of Maintenance will monitor the exact times and document appropriately on the Fire Drill Log monthly. Findings will be reported at the QI meetings.

The evacuation time for the fire drill held on 9/26/13 at 5:40 am was 4 minutes 50 seconds. ms 9/26/13

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(Required on EVERY Page) *KAREN Paul RN Administrator* Date *9-24-13*

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WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

The medication administration record (MAR) for resident #1 includes Warfarin, substitute for Coumadin, 7.5 mg tablet- take 1 tablet daily. However, the label on the medication card indicates Warfarin, 7.5 mg- take 1 tablet 4 days a week on Sun-Tues-Thurs-Sat.

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.

8/15/13 the physician was contacted to clarify the order for Coumadin 7.5mg Take 1 Tablet Daily. The pharmacy was notified and a change of order sticker was applied to the card of Coumadin for resident #1.
 8/15/13 All resident's medications were checked to verify that the pharmacy label and the MAR were correct.
 10/4/13 Staff will be re-educated regarding the process of verifying the labels and MAR for accuracy. The Administrator/Designee will monitor twice a month for one month and monthly for 3 months for compliance.
 Findings will be reported at the 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 Administrator Date 9-24-13

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WEST REGION FIELD OFFICE
 Human Services Licensing

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 #1 is ordered Metoprolol, 25 mg tablet- take 1 tablet twice daily and hold the medication if the systolic blood pressure is under 100. However, resident #1's August 2013 MAR does not include the information regarding holding the medication if the systolic blood pressure is under 100.

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.

8/15/13 The resident's MAR was reviewed and the instructions of holding the medication if the systolic Blood Pressure is under 100 was added to the Metoprolol 25mg take 1 tablet twice daily.
 8/15/13 All resident medications were reviewed to ensure that any instructions or directions for each medication was present on the MAR.
 10/4/13 Staff will be educated to this regulation and process.
 The Administrator/Designee will monitor twice a month for one month and monthly for 3 months for compliance. Findings will be reported at the QI meetings.

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