



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

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

Dear Mr. Winkler:

As a result of the Department of Public Welfare's licensing inspection on November 5, 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 must be maintained.

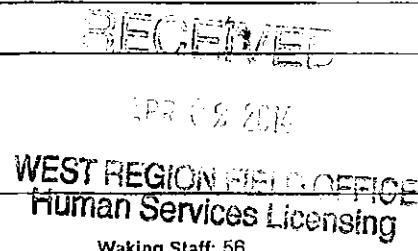
Sincerely,

A handwritten signature in black ink, appearing to read "Jon Kimberland", written over a horizontal line.

Jon Kimberland
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: WOODSIDE PLACE OF OAKMONT		License Number: 42973
Address: 1215 HULTON ROAD, OAKMONT, PA 15139		County: Allegheny
Administrator: Carrie Chiusano		Region: WEST
Legal Entity Name: PRESBYTERIAN SENIOR CARE INC		
Legal Entity Address: 1215 HULTON ROAD, OAKMONT, PA 15139		
Certificate(s) of Occupancy C-2 LP 06/04/1991 Dept of L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 74	Waking Staff: 56
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 11/05/2013: Pfaff, Vicki		
Off-Site Inspection Dates and Inspectors, if Applicable 01/03/2014: Pfaff, Vicki 01/06/2014: Pfaff, Vicki		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 37 Number of Residents Served: 37 Secured Dementia Care Unit in Home: Yes Area: Woodside Place Secured Dementia Unit Capacity, if Applicable: 37 Number of Residents Served in Secured Dementia Care Unit, if applicable: 37 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 6	Number of Residents who: Receive Supplemental Security Income: 7 Are 60 Years of Age or Older: 37 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 37 Have a Physical Disability: 0	

Carrie S Chiusano

Violation Report: 42973 - 01/03/2014 - Pfaff, Vicki
PCH Name: WOODSIDE PLACE OF OAKMONT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 8/24/13, at approximately 7:10 p.m., resident #1 fell while was standing in the Treehouse hallway waiting for staff person A to assist him/her with ambulating from the dining room to the shower. On 8/25/13 at approximately 12:00 p.m. this resident was sent to the hospital after the home received the results of the resident's x-ray showing a right hip fracture. The home did report the incident to the Department until 8/28/13.

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.

As of MARCH 31ST, 2014, ALL REPORTABLE INCIDENTS WILL BE COMPLETED AND REPORTED TO THE DEPARTMENT'S PERSONAL CARE HOME REGIONAL OFFICE WITHIN 24 HOURS OF INCIDENT. NURSING TEAM WAS EDUCATED THAT EACH REPORT WILL BE FAXED AND A RECEIPT WILL BE KEPT WITH THE DATE AND TIME THE INFORMATION WAS TRANSMITTED.

Immediately - The administrator will review all reportable incidents and conditions at least weekly to ensure all reportable incidents and conditions are reported in accordance with regulation 2600.16(c). 4-8-14

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

Signature of Legal Entity Representative (Required on EVERY Page) *Carrie S. Chiusano*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *CARRIE CHIUSANO* Date *3.31.14*

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

The above plan of correction is approved as of 4-8-14 (Date)

Plan of correction implementation status as of 4-8-14 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *4-8-14*
- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 42973 - 01/03/2014 - Pfaff, Vicki
PCH Name: WOODSIDE PLACE OF OAKMONT

APR 09 2014

1. REGULATION 55 Pa.Code §2600 WEST REGION FIELD OFFICE
2600.142(a) - The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION
On 8/24/13, at approximately 7:10 p.m., resident #1 fell while standing in the Treehouse hallway waiting for staff person A to assist him/her with ambulating from the dining room to the shower and fell. Staff person B assessed the resident and staff persons A and B assisted the resident from the floor to a standing position. Staff person A walked the resident to his/her bedroom. Staff person B observed resident #1 ambulating with a limp. At approximately 7:30 p.m. staff person B texted the resident's physician for an order to have an x-ray completed. On 8/25/13 At approximately 9:00 a.m. the physician called the home with an order for a mobile x-ray. On 8/25/13 at approximately 12:00 p.m. this resident was sent to the hospital after the home received the results of the resident's x-ray showing a right hip fracture.

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.

As of January 31, 2014, A MEDICAL CONCERNS PROCEDURE HAS BEEN DEVELOPED. THE NURSING TEAM HAS BEEN EDUCATED. THIS WAS IMPLEMENTED TO ASSIST WITH SECURING PROPER MEDICAL CARE IN A TIMELY FASHION IF THE HEALTH STATUS DECLINES. (SEE ATTACHED COPY) THIS INFORMATION HAS BEEN REVIEWED WITH THE NURSING TEAM AND A COPY PROVIDED. THIS INFORMATION HAS ALSO BEEN POSTED IN THE MEDICATION ROOM FOR QUICK REFERENCE.

Immediately - The administrator will conduct a weekly review of all reports of injury, illness or when a resident's health care status declines to determine if the proper medical care was provided to the resident in a timely manner and the proper notifications were made. 4-8-14

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

Signature of Legal Entity Representative (Required on EVERY Page) Carrie S Chiusano

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) CARRIE CHUSANO Date 3.31.14

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Violation Report: 42973 - 01/03/2014 - Pfaff, Vicki
PCH Name: WOODSIDE PLACE OF OAKMONT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

2a. DESCRIPTION OF VIOLATION
Resident #1 was admitted to the home's secure dementia care unit on 12/27/12. The home did not complete a support plan for resident #1 until 1/16/13.

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 NEW ADMISSIONS TO WOODSIDE PLACE HAVE HAD THE ASSESSMENT AND SUPPORT PLAN COMPLETED WITHIN 72 HOURS AS OF DECEMBER 1, 2013. THE CORRECTION WAS COMPLETED AFTER VICKI PFAFF, DPW INSPECTOR, CAME TO WOODSIDE PLACE RELATED TO A COMPLAINT. DURING THE VISIT, THE APPROPRIATE TIME FRAME WAS DISCUSSED AS TO WHEN A RASP SHOULD BE COMPLETED DUE TO A SECURED ENVIRONMENT. SINCE THAT TIME ALL ADMISSIONS HAVE BEEN ON TARGET.

5-10-14 - The administrator or designated staff person will review all new admissions to ensure a support plan is developed in accordance with regulation 2600.234(a).

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

Signature of Legal Entity Representative (Required on EVERY Page) *Carrie Schiusano*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **CARRIE CHIUSANO** Date **3.31.14**

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(Date)

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(Initials)

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