



MAY 06 2014

Mr. Paul D. Peterson, Senior Director
Longwood at Oakmont Inc.
500 Route 909
Verona, Pennsylvania 15147

RE: Longwood at Oakmont Personal Care Center
License #: 429900

Dear Mr. Peterson:

As a result of the Department of Public Welfare's licensing inspection on February 3, 2014, 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.

Your regular license for the period June 3, 2014 to June 3, 2015 was issued on March 10, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Director

Enclosure
License Inspection Summary

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

PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER		License Number: 42990
Address: 500 ROUTE 909, VERONA, PA 15147		County: Allegheny
Administrator: Karen Paul		Region: WEST
Legal Entity Name: LONGWOOD AT OAKMONT INC		
Legal Entity Address: 500 ROUTE 909, VERONA, PA 15147		
Certificate(s) of Occupancy C-2 LP 12/02/1998 L&I		RECEIVED APR 07 2014 WEST REGION FIELD OFFICE: Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 29	Waking Staff: 22
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 02/03/2014: Glidden, Michelle; Orme, Melinda		
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: 49 Number of Residents Served: 26 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: 0 Number of Hospice Residents in past year: 1		Number of Residents who: Receive Supplemental Security Income: 0 Are 80 Years of Age or Older: 26 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 3 Have a Physical Disability: 1

RECEIVED

Violation Report: 42990 - 02/03/2014 - Glidden, Michelle
 PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER

APR 07 2014

1. REGULATION 55 Pa.Code §2600
 2600.132(f) - Alternate exit routes shall be used during fire drills.

WEST REGION FIELD OFFICE:
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

According to the fire drill logs, stairwells "A" and "C" have been used as an exit route during the fire drills conducted on 3/27/13, 4/26/13, 5/10/13, 6/27/13, 7/30/13, 9/26/13, 10/11/13, 11/27/13, 12/20/13 and 1/31/14.

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 Fire Drill was conducted on 2/26/2014 at 3:11 pm. Only exit Route A was used during the Drill. Alternate exit routes shall be used during fire drills going forward. The designee of the maintenance department along with the Director of Personal Care and or designee will monitor the fire drills to ensure that alternate exit routes are used. All staff involved will be educated to this regulation by 4/8/14. This information will be reviewed at QI meetings.

A fire drill was conducted on 3-27-14 at 5:44 a.m utilizing only exit route C.
 SMP
 4-9-14

Repeat Violation: Yes Date(s) of Previous Violation(s): 02/04/2013

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* Date *4-3-14*

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

The above plan of correction is approved as of <u>4-9-14</u> (Date)	Plan of correction implementation status as of <u>4-9-14</u> (Date)
The above plan of correction was approved by <u>SMP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SMP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

APR 07 2014

Violation Report: 42990 - 02/03/2014 - Glidden, Michelle
PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

On 10/26/13, approximately 5 of resident #1's Oxycodone pills were unlocked and accessible in the bedside drawer of resident #1's bedroom.

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.

On 3/27/14 Resident #1 Apartment was checked and NO medications were present or unlocked.
ON 4/1/14 and 4/3/14 all other resident apartments were checked to ensure that NO medications were unlocked or accessible. The Director spoke with Resident #1 and educated the resident on this regulation. The Director will review this regulation at the Resident Council meeting on April 23rd.
ON 4/3/14 Education regarding this regulation and proper storage of medications will be provided by an outside consultant to all staff involved.
The Personal Care Director and or designee will monitor and conduct an audit 2 times a month for one month and once a month for 2 months.
Results will be reviewed at QI meetings.

Staff education has been initiated; the first session was completed on 4/8/14 and the final session will be completed on 4/14/14. smf 4/9/14

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 Date 4-3-14

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