



JUN 05 2014

Mr. Colev Gestetner, Managing Member
Oakwood Residence, LLC
2109 Red Lion Road
Philadelphia, Pennsylvania 19115

RE: Oakwood Residence
License #: 132560

Dear Mr. Gestetner:

As a result of the Department of Public Welfare's licensing inspection on March 13, 2014, March 14, 2014 and April 30, 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 10, 2014 to June 10, 2015 was issued on April 7, 2014. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 13266 - 03/13/2014 - Keelty, Jennifer
 PCH Name: OAKWOOD RESIDENCE

1. REGULATION 58 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 3/13/2014, at 9:28 AM, an MAR was unlocked, open, and accessible on top of a med cart across from Rm 222..

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 3/13/14, Mars was immediately closed and kept secure by med-tech. JD

Med-Techs were in-serviced on confidentiality of records including securing the MARs so it is not accessible to unauthorized persons.

Compliance will be monitored during weekly rounds by DON who will report monthly to Administrator.

Date completed 4/7/14

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>M. Feder</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nochum Feder</i>			Date <i>4/30/14</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <i>3/11/14</i> (Date)		Plan of correction implementation status as of <i>3/11/14</i> (Date)	
The above plan of correction was approved by <i>[Signature]</i> (Initials)		<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 13256 - 03/13/2014 - Keelly, Jennifer
 PCH Name: OAKWOOD RESIDENCE

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Staff Member B, whose first day of work was 3/13/2013, did not receive orientation in (4) Smoking safety procedures, the home's smoking policy and location of smoking areas.

At the time of the inspection, Staff Member C provided 5 documents of personal care home training with dates that were altered and inaccurate. Through interview it was discovered that Staff Member B is an ancillary staff member who works full time for the home's sister skilled nursing facility and part time (as needed) in the personal care home. Staff Member B received their orientation training through the skilled nursing facility, and the smoking and safety procedures for the personal care home were not reviewed at that time. Staff Member B informed the Department Representative that Staff Member C told Staff Member B to sign the 5 documents at the time of the inspection and told him that he would fill in the dates.

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.

Staff member B was oriented to smoking safety procedure, smoking policy and location of smoking areas. (See attached)

All required orientation of ancillary staff including part time employees will be tracked to ensure compliance with required training. (See attached) This includes 1st day orientation in fire safety and emergency preparedness.

Administrator will review monthly for compliance.

IN THE FUTURE, DOCUMENTATION WILL NOT BE ALTERED by renewing *NO* 4/30/14

Date completed 4/30/14 All training documents on a monthly basis *NO* train
 STAFF on "zero tolerance" of fraud or altering documentation within 15 days

Repeat Violation: No	Date(s) of Previous Violation(s):	of receipt of this POC <i>(S)</i>
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Nochum F Feder*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Nochum Feder* Date *4/11/14*

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The above plan of correction is approved as of *3/1/14*
 (Date)

Plan of correction implementation status as of *3/1/14*
 (Date)

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

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

Violation Report: 13256 - 03/13/2014 - Keely, Jennifer
PCH Name: OAKWOOD RESIDENCE

1. REGULATION 55 Pa.Code §2600

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

Staff Member B did not receive orientation in (1) Resident rights.

At the time of the inspection, Staff Member C provided 5 documents of personal care home training with dates that were altered and inaccurate. Through interview it was discovered that Staff Member B is an ancillary staff member who works full time for the home's sister skilled nursing facility and part time (as needed) in the personal care home. Staff Member B received their orientation training through the skilled nursing facility, and Resident Rights for Personal Care Homes were not reviewed at that time. Staff Member B informed the Department Representative that Staff Member C told Staff Member B to sign the 5 documents at the time of the inspection and told him that he would fill in the dates.

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.

Staff member B was oriented to resident rights (see attached)

All required orientation of ancillary staff including part time employees will be tracked to ensure compliance with required training. (See attached) This includes orientation, 40 hour orientation.

Administrator will review monthly for compliance.

IN THE FUTURE DOCUMENTATION WILL NOT BE ALTERED
Date completed 4/30/14

4/30/14

To reduce the risk of any documentation being altered, the administrator or designee will review training documents on a monthly basis to ensure that no documentation has been altered or fraudulently documented. In addition, the staff will be trained on the homes updated policy on "zero tolerance" of any staff that alters documentation, within 15 days of receipt of this plan of correction.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Nochum Feder* *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Nochum Feder* Date *4/11/14*

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

The above plan of correction is approved as of *5/11/14*
(Date)

Plan of correction implementation status as of *5/11/14*
(Date)

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

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

Violation Report: 13256 - 03/13/2014 - Keely, Jennifer
PCH Name: OAKWOOD RESIDENCE

1. REGULATION 55 Pa.Code §2600
2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION

Staff Member A did not receive the required 12 hours of annual training in training year 2013. They received only 8.5 hours of training.

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.

An audit will be completed of direct care staff 2013 annual training hours. Any missing hours will be added to 2014 annual training. Projected completion date 7/31/14

All direct care staff will have 12 hours of annual training in training year. See attached training spreadsheet to be used to track direct care employee hours.

A.J. 4/30/14

Administrator will monitor training schedule monthly to ensure compliance.

Date completed 4/10/14

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

Nochum Feder

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

Nochum Feder

Date 4/11/14

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(Date)

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(Initials)

Plan of correction implementation status as of *5/1/14*
(Date)

- Fully Implemented
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- Not Implemented

Violation Report: 13256 - 03/13/2014 - Kealty, Jennifer
 PCH Name: OAKWOOD RESIDENCE

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

The annual training provided to direct care Staff Member A in training year 2013 did not include:

- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation, and support plan;
- (3) Care for residents with dementia and cognitive impairments;
- (4) Infection control and general principles of cleanliness associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration; or
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

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 direct staff will receive annual training on the 7 required topics for the current training year. A tracking form is in place to monitor compliance of all 7 required training topics. (See attached) *Projected completion date of training is 7/31/14*

Administrator will review monthly to ensure compliance.

Date completed 4/10/14

4/30/14

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Nicholas Fehr*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nicholas Fehr</i>	Date <i>4/11/14</i>
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 (Date)

Plan of correction implementation status as of *5/1/14*
 (Date)

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

The above plan of correction was approved by *JB*
 (Initials)

Violation Report: 13256 - 03/13/2014 - Keelly, Jennifer
 PCH Name: OAKWOOD RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION
 The home's record of direct care staff training does not include the length of each course.

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 training records will contain required information including length of time for each training session. The DPW training form that contains all required information will be utilized when possible.

Administrator will review all inservice sheets to ensure compliance,

Date completed 4/10/14

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

AM Feder

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

Nochum Feder

Date *4/11/14*

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 (Initials)

Plan of correction implementation status as of *5/1/14*

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

Violation Report: 13266 - 03/13/2014 - Keefly, Jennifer
 PCH Name: OAKWOOD RESIDENCE

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

Planipatch Plus - High Performance Additive for Planipatch, 1 US gal, with a manufacture's label indicating "Harmful or fatal if swallowed. . . . Ingestion: Seek medical attention immediately or contact poison control center if any problems continue," was unlocked and accessible to residents in the second floor closet by the B Stair Tower. Residents of the home, including Resident # 1, have not been assessed capable of recognizing and using poisons safely.

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.

Poison was immediately removed.

Second floor closet door closest to Stairwell B had a self-locking door knob installed so door cannot be opened without a key.

Staff inserviced on poisonous materials to be inaccessible to residents unless indicated otherwise on support plan.

Administrator will ensure compliance during weekly rounds of building.

Effective 4/14/14

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

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

M. J. Ferr *Nelson Ferrer* Date *4/11/14*

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 (Date)

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

Plan of correction implementation status as of *5/1/14*

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

Violation Report: 13256 - 03/13/2014 - Keelly, Jennifer
 PCH Name: OAKWOOD RESIDENCE

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

The home did not have Resident # 2's Ondansetron HCL (Zofran) 4 mg tablet, 1 tablet by mouth every 6 hours as needed # 20, in the medication cart.

The home did not have Resident # 2's Cold/Hot 5% PAD, apply 1 patch to back once daily as needed for pain, in the medication cart.

The home did not have Resident # 3's Tylenol 500 mg, 1 tablet by mouth every 4 hours as needed for mild pain, in the medication cart.

The home did not have Resident # 3's Tylenol 500 mg, 1 tablet by mouth every 4 hours as needed for temp above 101°F - call MD if temp above 101°F, in the medication cart.

The home did not have Resident # 4's Cetirizine 10 MG (Zyrtec), 1 tablet by mouth once daily as needed for allergies, in the medication cart.

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 # 2 Zofran 4 mg tablet and Icy Hot Patch 5% was ordered and delivered on 3/13/14.

Resident # 3 Tylenol 500mg for pain and temperature elevation was ordered and delivered on 3/13/14.

Resident # 4 Cetirizine 10mg was ordered and delivered on 3/13/14.

All med techs are to be inserviced on ensuring all meds including PRNs ordered are in the med cart.

Nightly audits by 11-7 staff has been implemented to audit all medication orders and storage including PRNS.

Director of Nursing and Administrator to monitor weekly.

Date completed 4/14/14

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

M. Feck

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

Nochm Feck Date 4/11/14

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 (Date)

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 (Initials)

Plan of correction implementation status as of 5/1/14
 (Date)

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

Violation Report: 13256 - 03/13/2014 - Keelly, Jennifer
 PCH Name: OAKWOOD RESIDENCE

1. REGULATION 66 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

The medication administration record for Resident # 2 does not include a diagnosis for Ondansetron HCL (Zofran) 4mg tablet, 1 tablet by mouth every 6 hours as needed # 20.

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 # 2 Zofran 4 mg tablet diagnosis was transcribed on 3/13/14.

Med techs to be inserviced on need for each medication to have diagnosis listed.

Med Techs will audit monthly when recaps are being done.

Director of Nursing and Administrator to audit monthly.

Date completed 4/14/14

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/04/2013
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
<p style="text-align: center;">DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</p>		
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The above plan of correction was approved by	<u>[Signature]</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13266 - 03/13/2014 - Keelly, Jennifer

PCH Name: OAKWOOD RESIDENCE

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

On 1/31/2014, at 8:00 AM, Resident # 5's Namenda 5 mg, 1 tablet by mouth twice daily, was administered but the Medication Administration Record was not Initialed.

On 1/31/2014, at 8:00 AM, Resident # 5's Vitamin D3 1000 units, 1 tablet by mouth once daily for supplement, was administered but the Medication Administration Record was not Initialed.

On 1/27/2014, at 8:00 AM, Resident # 5's Loraza 1 gram, T lab po BID 8 Am & 5 PM, was administered but the Medication Administration Record was not Initialed.

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.

Med Techs to be inserviced on requirement to sign out medication during med pass.

11-7 shift will audit Mars for missing signatures. *daily NO 4/30/14*

Director of Nursing and Administrator to audit monthly.

Date completed 4/14/14

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *M Febr*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nochum Febr</i>	Date <i>4/11/14</i>
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(Date)

Plan of correction implementation status as of *5/1/14*
(Date)

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

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