



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUN 13 2014

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

RE: Westminster Place of Oakmont
License #: 429620

Dear Mr. Winkler:

As a result of the Department of Public Welfare's licensing inspection on March 14, 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 30, 2014 to June 20, 2015 was issued on April 8, 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: 42962 - 03/14/2014 - Flinner-Alman, Lisa
 PCH Name: WESTMINSTER PLACE OF OAKMONT

1. REGULATION 55 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

The black communication book, containing resident narcotic sheets, glucometer readings, medication administration information and information about individual residents' behaviors residing on 2 South, including resident #5, was unlocked and accessible in the 2nd floor south kitchen staff area.

The white communication book, containing resident narcotic sheets, glucometer readings, medication administration information and information about individual residents' behaviors residing on 2 North and the 2nd floor "Neighborhood" binder containing resident #1's Coumadin orders, information about the resident's falls, medical appointments, and medication refusals were unlocked and accessible in the 2nd floor north kitchen staff area.

The white communication book, containing resident narcotic sheets, glucometer readings, medication administration information and information about individual residents' behaviors residing on 3 South, including resident #4, was unlocked and accessible in the 3rd floor south kitchen staff area.

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.

Neighborhood communication books containing confidential information for residents #1, #4 and #5 were locked and secured prior to survey exit to protect the resident's confidential information. Staff was made aware at shift change huddles of survey findings, to keep all communication binders locked when not in use.

The policy and procedure for Record Accessibility was reviewed and revised on 3/28/14, to include proper storage when not in use in a secured/locked area.

Personal care aides and nursing staff will be educated on the revised policy procedure by April 4, 2014 by the Administrator.

A daily rounding log was created to monitor compliance. The charge nurses will conduct rounds each shift to ensure compliance with securing resident records is maintained. The rounding logs will be forwarded to the Administrator for review. Results of the findings will be shared at the monthly Quality Management meeting.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kathy Hemman Administrator* Date *3/31/14*

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

The above plan of correction is approved as of <u>5/27/14</u> (Date)	Plan of correction implementation status as of <u>5/27/14</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>2</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42962 - 03/14/2014 - Flinger-Alman, Lisa
 PCH Name: WESTMINSTER PLACE OF OAKMONT

1. REGULATION 55 Pa.Code §2600
 2600.26(a) - The home shall establish and implement a quality management plan.

2a. DESCRIPTION OF VIOLATION
 The quality management plan does not include staff training or resident council.

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.

Review of the policy for the Quality Management Plan noted it did not include staff training or resident council. Routine monitoring of staff training and resident council minutes were kept in separate binders that was shared with the inspectors at time of survey.

The policy and procedure for the Quality Management Plan was revised on March 25, 2014 to include review and evaluation of staff training and resident council. The QA team members will be educated by April 4, 2014 of the changes to the Quality Management Plan.

The Administrator will note data collected and reviewed as related to staff training and resident council on the revised monthly QA summary sheet.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kathy Hammar, Administrator* Date *3-31-14*

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The above plan of correction is approved as of 5/27/14
 (Date)

Plan of correction implementation status as of 5/27/14
 (Date)

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

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

Violation Report: 42962 - 03/14/2014 - Flinner-Alman, Lisa
 PCH Name: WESTMINSTER PLACE OF OAKMONT

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

At 10:16 a.m., the temperature in the refrigerator freezer in the 3rd floor south country kitchen measured 8 degrees Fahrenheit.
 At 10:30 a.m., the temperature in the refrigerator in the 2nd floor south country kitchen measured 45 degrees Fahrenheit.
 At 10:30 a.m., the temperature in the refrigerator freezer in the 2nd floor south country kitchen measured 30 degrees Fahrenheit.
 At 11:16 a.m., the temperature in the refrigerator in the ground floor cafe measured 44 degrees Fahrenheit.

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.

The freezer and refrigerator thermostats was adjusted to lower the temperatures to the acceptable ranges prior to survey exit. Staff was instructed to avoid using controls on door panel to record temps, as it may inadvertently change the settings. In addition, a highlighted copy of the required temperature ranges was added to the March temperature log to remind staff of close monitoring of temps.

The Temperature Log was revised on 3/31/14, to include "Thermometers are required in refrigerators and freezers" and note that food requiring refrigeration shall be stored at or below 40° F. Frozen food shall be kept at or below 0° F. (COPY OF TEMP LOG) A column was added to record action taken if temp readings noted above acceptable range.

Personal care aides, nursing and dining staff will be educated by the Administrator on the revised Temperature Log by April 4, 2014.

The charge nurses will utilize rounding logs on each shift to document compliance with monitoring and recording freezer and refrigeration temps. The rounding logs will be forwarded to the Administrator for review for Quality Management.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kathy Hamm, Administrator* Date *3-31-14*

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 (Initials)

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- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42962 - 03/14/2014 - Flinner-Alman, Lisa
 PCH Name: WESTMINSTER PLACE OF OAKMONT

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

Resident #2 is prescribed Lantus 10ml vial, inject 45 units subcutaneously at bedtime. However, the pharmacy label on the bottle indicates inject 32 units.

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 sticker noting "DIRECTIONS CHANGED, REFER TO CHART" was immediately placed on the pharmacy label for Resident #2 Lantus insulin at time of survey. In addition, the pharmacy was notified via fax to update MAR and pharmacy label. An audit of all MARS and medication carts was completed on March 18-19, 2014 by a pharmacy representative, who did not note any other labeling discrepancies.

Review of the Medication Assistance Policy notes the procedure for comparing the MAR and pharmacy label and to notify the nurse if disagree. The Medication Assistance policy was updated 3/31/14 to include procedures to address incorrect pharmacy labels by placing directional change stickers to alert staff of the medication dose changes. All staff who administers medication will be re-educated by the Administrator of the policy and procedures changes related to Medication Administration by April 4, 2014.

The pharmacy provided a Med Cart Audit tool that will be utilized by the charge nurses and forwarded to the Administrator for QA purposes. Random audits will be completed on 20% of resident MARS/labels x 2months then re-evaluate by the QA team.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kathy Hammer, Administrator* Date *3-31-14*

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 (Initials)

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

Violation Report: 42962 - 03/14/2014 - Flinner-Alman, Lisa
 PCH Name: WESTMINSTER PLACE OF OAKMONT

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 #3 is prescribed Hyosyne Oral Drops 0.125ml (1 ml), under tongue as needed for secretions. The March 2014 medication administration record indicates 0.125mg (Give 0.25mg).

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 #3 Hyosyne (Levsin) 0.125 mg SL medication prescribed as needed for secretions was discontinued on 3/28/14, secondary to non-use and asymptomatic. Nursing will consult Hospice as needed for medications for symptom management. An audit of all MARS and medication carts was completed on March 18-19, 2014 by a pharmacy representative, who did not note any other labeling discrepancies.

Review of the Medication Assistance Policy notes the procedure for comparing the MAR and pharmacy label and to notify the nurse if disagree. The Medication Assistance policy was updated 3/31/14 to include procedures to address incorrect pharmacy labels by placing directional change stickers to alert staff of the medication dose changes. All staff who administers medication will be re-educated by the Administrator of the policy and procedures changes related to Medication Administration by April 4, 2014.

The pharmacy provided a Med Cart Audit tool that will be utilized by the charge nurses and forwarded to the Administrator for QA purposes. Random audits will be completed on 20% of resident MARS/labels x 2months then re-evaluate by the QA team.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Kathy Hamman, Administrator</u>	Date <u>3-31-14</u>
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Violation Report: 42962 - 03/14/2014 - Flinner-Alman, Lisa
 PCH Name: WESTMINSTER PLACE OF OAKMONT

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #4's assessment, dated 2/17/14, does not include the diagnosis of anemia, hypertension and dementia, as indicated on the medical evaluation, dated 12/19/13.

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.

Resident #4 assessment dated 2/17/14 noted diagnosis for anemia and dementia. The assessment was updated on 3/17/14, to include the diagnosis of hypertension which was listed on the resident's evaluation form.

All designated staff(s) who assists in the completion of the assessments will be educated by the Administrator on ensuring all diagnosis listed on the medical evaluation form is carried over to the resident assessments by April 1, 2014.

All assessments will be reviewed by the neighborhood coordinator and social worker for completion. An audit tool will be utilized to track assessments and medical evaluations and forwarded to the Administrator for review. Findings will be shared at the monthly QA meetings.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kathy Hamma, Administrator* Date *3-31-14*

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