



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 12 2015

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

RE: Longwood at Oakmont Personal Care Center
License #: 441390


Dear Mr. Peterson:

As a result of the Department of Human Services' licensing inspection on October 24, 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 October 29, 2014 to October 29, 2015 was issued on July 18, 2014. Your regular license remains in good standing.

Sincerely,


Matthew J. Jones
Director
GH

Enclosure
License Inspection Summary

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

PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER		License Number: 44139
Address: 500 ROUTE 909, VERONA, PA 15147		County: Allegheny
Administrator: Karen Dolan		Region: WEST
Legal Entity Name: LONGWOOD AT OAKMONT INC		
Legal Entity Address: 500 ROUTE 909, VERONA, PA 15147		RECEIVED
Certificate(s) of Occupancy I-1 06/23/2009 L&I		DEC 26 2014 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: N/A	Total Daily Staff: 22	Waking Staff: 17
Type of Inspection: Full	BHA Docket Number: N/A	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Incident		
On-Site Inspections Dates and Department Representatives On-Site 10/24/2014: Rosol, Jennifer; Miller-Linhart, Alden		
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: 40 Number of Residents Served: 22 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: 1 Number of Hospice Residents in past year: 1		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 22 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0

DEC 9 3 2014

Violation Report: 44139 - 10/24/2014 - Rosol, Jennifer
PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

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

At 8:55 AM, a binder labeled, "Brookwood-1st floor narcotics," containing a list of multiple residents' medications, including resident #1's Oxycodone-7.5 mg, was unlocked and accessible on the 1st floor medication cart.

At 8:55 AM, a binder containing multiple residents' medication administration records (MAR's) including residents' dates of birth, diagnoses, and medications, were unlocked and accessible on the 1st floor medication cart.

At 8:55 AM, multiple resident records, including resident #2's record, were unlocked and accessible in the 1st floor staff office.

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.

*Records were secured at the time of inspection. 11/30/15
Staff person responsible for violation was immediately re-educated regarding the confidentiality of resident records.
All staff will be re-educated annually regarding the confidentiality of resident records.
Random walk-thrus have been daily since violation occurred without further incident.*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Karen A. Dolan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *KAREN A. Dolan, Administrator* Date *12/26/14*

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

The above plan of correction is approved as of 11/30/15 (Date)

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

Plan of correction implementation status as of 11/30/15 (Date)

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

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44139 - 10/24/2014 - Rosol, Jennifer
PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER

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

Staff person A did not receive training on the following topics during the 2013 training year:

- * medication self-administration
- * instructions on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan
- * care for residents with dementia and cognitive impairments
- * personal care service needs of the resident
- * safe management techniques

Staff person B did not receive training on the following topics during the 2013 training year:

- * instructions on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan
- * care for residents with dementia and cognitive impairments
- * personal care service needs of the resident

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 persons A and B have completed the trainings
Training plan for 2014 includes training on topics
listed in above violations.*

*all staff persons will be monitored for
completion of all required topics.*

*RM
1/30/15*

Immediately: The administrator or designated staff person shall develop and implement a tracking system to ensure that all direct care staff members receive required trainings specified in 2600.65f within the established training year.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *KAREN A. DOLAN, ADMINISTRATOR* Date *12/26/14*

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

The above plan of correction is approved as of 1/30/15
(Date)

The above plan of correction was approved by RM
(Initials)

Plan of correction implementation status as of 1/30/15
(Date)

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

Violation Report: 44139 - 10/24/2014 - Rosol, Jennifer
PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff person A did not receive training on the following topics during the 2013 training year:

- * fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert
- * emergency preparedness procedures and recognition and response to crises and emergency situations

Staff person B did not receive training on fire safety, completed by a fire safety expert or by a staff person trained by a fire safety expert during the 2013 training year.

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 persons A & B completed trainings.
Training plan for 2014 includes training on topics listed in above violations.
All staff persons will be monitored for completion of all required topics.*

Immediately: The administrator or designated staff person shall develop and implement a tracking system to ensure that all staff members receive required trainings specified in 2600.65g within the established training year.

*EW
1/30/15*

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) Date

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

The above plan of correction is approved as of 1/30/15 (Date)

The above plan of correction was approved by EW (Initials)

Plan of correction implementation status as of 1/30/15 (Date)

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

Violation Report: 44139 - 10/24/2014 - Rosol, Jennifer
PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
The 3 trash receptacles outside of the home's main kitchen were uncovered and filled with trash.

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.

Met with Dining Services Director and supervisor. Developed plan to monitor trash receptacles for covers and emptying by vendor.

Receptacles will be inspected daily. If full vendor will be notified to remove trash.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Karen A. Dolan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *KAREN A. DOLAN, ADMINISTRATOR* Date *12/26/14*

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

The above plan of correction is approved as of 11/30/15 (Date)

Plan of correction implementation status as of 11/30/15 (Date)

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

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

DEC 26 2014

Violation Report: 44139 - 10/24/2014 - Rosol, Jennifer
PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION

The home's first aid kit did not include scissors or a breathing shield.

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.

Scissors and breathing shield were purchased. Rn 1/30/15
Scissors and a breathing shield will be purchased.

Weekly monitoring of first aid kit will be conducted to ensure compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Karen A. Dolan

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

KAREN A. DOLAN, Administrator

Date 12/26/14

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

The above plan of correction is approved as of

1/30/15
(Date)

Plan of correction implementation status as of

1/30/15
(Date)

The above plan of correction was approved by

Rn
(Initials)

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

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DEC 26 2014

Violation Report: 44139 - 10/24/2014 - Rosol, Jennifer
PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION
The emergency preparedness plan for the municipality in which the home is located was not posted in a conspicuous and public place 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.

The municipality emergency preparedness is now posted in Brookwood.

Immediately: the administrator or designated staff person will check the home daily to ensure the emergency preparedness plan for the municipality is posted in a CONSPICUOUS place in the home.

for
1/30/15

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

Signature of Legal Entity Representative (Required on EVERY Page) *Karen A. Dolan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *KAREN A. DOLAN, Administrator* Date *12/26/14*

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

The above plan of correction is approved as of 1/30/15 (Date)

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

Plan of correction implementation status as of 1/30/15 (Date)
 Fully Implemented *for*
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

DEC 9 3 2014

Violation Report: 44139 - 10/24/2014 - Rosol, Jennifer
PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION
The first aid kit on the new wheelchair van did not include eye coverings, a thermometer and antiseptic.
The first aid kit on the older wheelchair van did not include a thermometer.
The first aid kit on the bluebird bus did not include a thermometer.

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 transportation vehicles' first aid kits have been updated to include required items. Weekly ^{to} monthly monitoring in place with report sent to administrator.

Immediately: All vehicles shall be inspected, at least weekly, to ensure all items specified in 2600.96a are present in each of the vehicle's first aid kits.

1/30/15

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

Signature of Legal Entity Representative (Required on EVERY Page) *Karen A. Dolan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **KAREN A. DOLAN, Administrator** Date **12/26/14**

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

The above plan of correction is approved as of 1/30/15 (Date)

The above plan of correction was approved by R (Initials)

Plan of correction implementation status as of 1/30/15 (Date)
 Fully Implemented *R*
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

DEC 9 2014

Violation Report: 44139 - 10/24/2014 - Rosol, Jennifer
PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER

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

Resident #2 is prescribed, Acetaminophen-500mg-Take 2 tablets by mouth 3 times daily; however, the pharmacy label indicates, Acetaminophen-500mg-Take 2 tablets by mouth 2 times daily.

Resident #3 is prescribed, Polyethylene Glycol Powder-Dissolve 17 grams into liquid and take by mouth daily as needed; however, the pharmacy label indicates dissolve 17 grams into liquid and take by mouth daily.

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.

Residents #2 and #3's pharmacy labels have been updated, for above resident prescription had been changed and noted on MAR, however medication change not noted on medication container. Nurses re-educated to label container as "order changed."

Monthly random monitoring will be conducted to ensure compliance.

See page 9A of 11

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/15/2013
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Signature of Legal Entity Representative (Required on EVERY Page) *Karen A. Dolan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **KAREN A. DOLAN, Administrator** Date **12/26/14**

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

The above plan of correction is approved as of 1/30/15 (Date)

Plan of correction implementation status as of 1/30/15 (Date)

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

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

RECEIVED

JAN 30 2015

Violation Report: 44139 - 10/24/2014 - Rosol, Jennifer
PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600
2600.134(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, Acetaminophen-500mg-Take 2 tablets by mouth 3 times daily; however, the pharmacy label indicates, Acetaminophen-500mg-Take 2 tablets by mouth 2 times daily.
Resident #3 is prescribed, Polyethylene Glycol Powder-Dissolve 17 grams into liquid and take by mouth daily as needed; however, the pharmacy label indicates dissolve 17 grams into liquid and take by mouth daily.

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.
Immediately: A designated staff member qualified to administer medications shall review all pharmacy labels to ensure all pharmacy labels are current and accurate in accordance with current prescribers' orders.
Immediately: The administrator shall develop and implement a system to ensure that all pharmacy labels and medication administration records are immediately updated when there is a written change by the prescriber. All staff members who administer medications shall be educated on the system. Documentation shall be kept.
Immediately: A designated staff member qualified to administer medications shall audit, at least 4 residents weekly, to ensure pharmacy labels and medication administration records are current and accurate in accordance with current prescribers' orders.

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/15/2013

Signature of Legal Entity Representative
(Required on EVERY Page) *T. [Signature]* BSN, PCHA

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Date
01-30-2015

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

The above plan of correction is approved as of _____ (Date)
The above plan of correction was approved by _____ (Initials)
Plan of correction implementation status as of _____ (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 44139 - 10/24/2014 - Rosol, Jennifer
PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

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

Resident #1 is prescribed, Oxycodone-5mg-Take 1 tablet by mouth 3 times daily. However, staff did not initial resident #1's October 2014 MAR as administering the 8:00 PM dose on the following dates:

- * 10/11/14
- * 10/12/14
- * 10/19/14
- * 10/20/14
- * 10/21/14
- * 10/22/14
- * 10/23/14

Note attached November MAR

Resident #4 is prescribed, Florastor-250mg-Take 1 tablet by mouth twice daily for 5 days at 8:00 AM & 8:00 PM; However, on 10/24/14 at 4:40 PM, staff person B already initialed the October 2014 MAR indicating the 8:00 PM dose was administered.

Resident #4 is prescribed, Keflex-500mg-Take 1 tablet by mouth twice daily for 5 days at 8:00 AM & 8:00 PM; However, on 10/24/14 at 4:45 PM, staff person B already initialed the October 2014 MAR indicating the 8:00 PM dose was administered.

Resident #4 is prescribed, Senexon-Take 2 tablets by mouth twice daily for constipation; however, staff did not initial resident #4's October 2014 MAR as administering the 8:00 PM dose on 10/4/14.

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.

Staff persons involved in above violations will be re-educated and daily, weekly then monthly monitors will be established to ensure compliance.

See page 10A of 11

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Karen A. Dolan

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

KAREN A. DOLAN, Administrator

Date *12/26/14*

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

The above plan of correction is approved as of

1/30/15
(Date)

Plan of correction implementation status as of

1/30/15
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

Fully Implemented

Partially Implemented - Adequate Progress *[Signature]*

Partially Implemented - Inadequate Progress

Not Implemented

RECEIVED

JAN 30 2015

Violation Report: 44139 - 10/24/2014 - Rosol, Jennifer
PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER WEST REGIONAL FIELD OFFICE
Human Services Licensing

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

Resident #1 is prescribed, Oxycodone-5mg-Take 1 tablet by mouth 3 times daily. However, staff did not initial resident #1's October 2014 MAR as administering the 8:00 PM dose on the following dates:

- * 10/11/14
- * 10/12/14
- * 10/19/14
- * 10/20/14
- * 10/21/14
- * 10/22/14
- * 10/23/14

Resident #4 is prescribed, Florastor-250mg-Take 1 tablet by mouth twice daily for 5 days at 8:00 AM & 8:00 PM; However, on 10/24/14 at 4:40 PM, staff person B already initialed the October 2014 MAR indicating the 8:00 PM dose was administered.

Resident #4 is prescribed, Keflex-500mg-Take 1 tablet by mouth twice daily for 5 days at 8:00 AM & 8:00 PM; However, on 10/24/14 at 4:45 PM, staff person B already initialed the October 2014 MAR indicating the 8:00 PM dose was administered.

Resident #4 is prescribed, Senexon-Take 2 tablets by mouth twice daily for constipation; however, staff did not initial resident #4's October 2014 MAR as administering the 8:00 PM dose on 10/4/14.

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.

Immediately: A designated staff member qualified to administer medications shall review all resident medication administration records to ensure all medications administered have been initialed on the residents' medication administration records at the time the medications were administered by the staff member who administered the medications.

Immediately: A designated staff member qualified to administer medications shall audit, at least 4 residents' medication administration records weekly, to ensure all medications administered have been initialed on the residents' medication administration records at the time the medications were administered, by the staff member who administered them.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Nicole Tanguonan BSN, PCHA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Nicole Tanguonan BSN, PCHA* Date *01-30-2015*

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

The above plan of correction is approved as of _____
(Date)

The above plan of correction was approved by _____
(Initials)

Plan of correction implementation status as of _____
(Date)

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

Violation Report: 44139 - 10/24/2014 - Rosol, Jennifer
PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Staff person A has not successfully completed the Department-approved medications administration course. Staff person A administered the following medications to resident #1 on 10/22/14 at 8:00 PM:

- * Metoprolol-25mg
- * Oyster Shell-500mg
- * Atorvastatin-20mg
- * Gabapentin-300mg
- * Ranitidine-150mg
- * Senna-S

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.

Annual practicum for staff person A was completed 3/12/14. In 1/30/15
 Staff person A completed annual practicum on April 13, 2013. Additional MAR reviews were completed on 7/2013, 8/2013. All were passed.

Staff person A will be re-educated and retested immediately prior to passing meds.

Insulin training is current. See Page 11A of 11

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Karen A. Dolan

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

KAREN A. DOLAN, Administrator

Date 12/26/14

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

The above plan of correction is approved as of

1/30/15
(Date)

Plan of correction implementation status as of 1/30/15
(Date)

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

The above plan of correction was approved by

Rm
(Initials)

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JAN 30 2015

Page 11 of 11

Violation Report: 44139 - 10/24/2014 - Rosol, Jennifer
PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION
Staff person A has not successfully completed the Department-approved medications administration course. Staff person A administered the following medications to resident #1 on 10/22/14 at 8:00 PM:
* Metoprolol-25mg
* Oyster Shell-500mg
* Atorvastatin-20mg
* Gabapentin-300mg
* Ranitidine-150mg
* Senna-S

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.
Immediately: A designated staff member shall review all staff records who administer medications to ensure all staff members are qualified to administer medications, and the documentation is present and current, as outlined by the Department-approved medication administration course. Any staff member who has not successfully completed the Department-approved medication administration course, shall immediately be removed from administering medications until successful completion of the course.
Immediately: The administer or designated staff person shall review all medication administration training records as part of the quality management review to ensure all staff member successfully complete the Department-approved medication administration course. Any staff member who has not successfully completed the course, shall be immediately removed from administering medications until successful completion of the course. Documentation of successful completion of the Department-approved medication administration course shall be kept in each staff member's record.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Nicole T. Daugoman BSN, PCHA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Nicole T. Daugoman BSN* Date *01-30-2015*

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

The above plan of correction is approved by of _____ (Date)
The above plan of correction was approved by _____ (Initials)
Plan of correction implementation status as of _____ (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented