



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 29 2015

Mr. Coler J. 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 Human Services' licensing inspection on April 13, 2015 and April 14, 2015 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, 2015 to June 10, 2016 was issued on March 18, 2015. Your regular license remains in good standing.

Sincerely,


Matthew J. Jones
Director ^{LS#}

Enclosure
License Inspection Summary

Violation Report: 13256 - 04/13/2015 - McHale, Christine
 PCH Name: OAKWOOD RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.101(r)(2) - Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

2a. DESCRIPTION OF VIOLATION -

- The window coverings on the two windows in resident room #210 were not able to be opened or closed.
- The window coverings on the smaller window on the left in resident room #314 were not able to be opened or closed.

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.

Window coverings in Rooms 210 & 314 were replaced with new blinds.

All rooms in facility were inspected for inoperable window coverings. All inoperable blinds were replaced.

Maintenance will conduct monthly inspections of window coverings and report any issues to administrator.

Administrator will monitor room inspections.

Date Completed 5/15/15

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nochum Feder Administrator* Date *5/26/15*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of <i>5/28/15</i> (Date)	Plan of correction implementation status as of <i>5/28/15</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13256 - 04/13/2015 - McHale, Chrisline
 PCH Name: OAKWOOD RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 - Resident #1's most recent medical evaluation was completed on 7/2/14. The previous medical evaluation was completed on 6/5/13.
 - Resident #2's most recent medical evaluation was completed on 9/11/14. The previous medical evaluation was completed on 8/13/13.

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.

An audit was completed on all current Medical Evaluations and were found to be timely.

A monthly tickler is in place to track annual medical evaluations and trigger notification of physician to complete and sign medical evaluations in a timely manner.

The D.O.N. will monitor the monthly tickler.

The Administrator will audit for compliance.

Date Completed 5/1/15

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Nochom Feder Administrator* Date *5/26/15*

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Violation Report: 13256 - 04/13/2015 - McHale, Christine
 PCH Name: OAKWOOD RESIDENCE

1. REGULATION 56 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 #3's bottle and box of Pradaxa 150 mg was not labeled.

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's bottle and box of Praxda 150mg was labeled.

All Med-techs have been in-serviced on ensuring all meds are to be properly labeled.

Random audits were completed to ascertain medication is properly labeled with resident's name, name of medication, date, dosage and instructions and name and title of prescriber. All medications were found to be properly labeled.

Meds are audited monthly by med techs including ensuring compliance with properly labeling.

Director of Nursing and Administrator to monitor monthly.

Date Completed 5/1/15

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 Administrator* Date *5/20/15*

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 (Date)

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

Plan of correction Implementation status as of *5/20/15*
 (Date)

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

Violation Report: 13256 - 04/13/2015 - McHale, Christine
 PCH Name: OAKWOOD RESIDENCE

1. REGULATION 56 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #4 has an order for Vitamin C 500 mg. The resident has been receiving Ester-C which contains Calcium and Citrus Bioflavonoids in addition to Vitamin C.

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.

Physician changed the order for Resident #4 for Vitamin C 500mg to Ester-C.

All Med-techs have been in-serviced on ensuring medication match physician orders exactly as prescribed.

An audit was completed to ascertain meds match physician orders and were found to be in compliance.

Meds are audited monthly by med techs including ensuring compliance with medicines match physician orders.

Director of Nursing and Administrator to monitor monthly.

Date Completed 5/1/15

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative
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