



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: MAR 08 2016

Mr. Coler J. Gestetner, Managing
Oakwood Residence, LLC
2109 Red Lion Road
Philadelphia, Pennsylvania 19095

RE: Oakwood Residence
License #: 132560

Dear Ms. Williams:

As a result of the Department of Human Services' licensing inspection on 08/27/2015 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.

Sincerely,

A handwritten signature in black ink, appearing to read 'Roslyn Brewer', written over a circular stamp or seal.

Roslyn Brewer
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 13256 - 08/27/2016 - Kazlmer, Lauren

PCH Name: OAKWOOD RESIDENCE

1. REGULATION 55 Pa.Code §2600

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION

- On 8/22/15 at 4pm, resident #1's blood glucose level was 96 according to the glucometer, but 237 was recorded on the MAR.

- On 8/23/15 at 4pm, resident #1's blood glucose level was 120 according to the glucometer, but 163 was recorded on the MAR.

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 Med Techs are to be Inserviced on immediate and accurate documentation of blood sugar monitoring in the medication administration records.

Weekly random auditing of Glucometers reading and blood glucose level documentation on the MARs will be done by the Administrator or designee.

Completion Date 10/31/15

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative <i>(Required on EVERY Page)</i>	
<i>Noel Feder</i>	

Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i>	Date
<i>Noel Feder</i>	<i>10/15/15</i>

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 11/2/15
(Date)

Plan of correction implementation status as of 11/2/15
(Date)

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

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

Violation Report: 13256 - 08/27/2015 - Kazimer, Lauren
 PCH Name: OAKWOOD RESIDENCE

1. REGULATION 65 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's blood glucose levels were not recorded on the medication administration record on 8/9/15 at 8am and 12pm.

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 Med Techs are to be inserviced on immediate and accurate documentation of blood sugar monitoring in the medication administration records.

Weekly random auditing of Glucometers reading and blood glucose level documentation on the MARs will be done by the Administrator or designee.

Completion Date 10/31/15

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) <i>Nochum Feder</i>	Date <i>10/15/15</i>
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 (Date)

Plan of correction implementation status as of 11/3/15
 (Date)

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 (Initials)

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- Not Implemented

Violation Report: 13256 - 08/27/2015 - Kazimer, Lauren
 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 #1 has an order for the physician to be called if the resident's blood glucose is below 60 or above 400. On 8/26/15 at 4pm, the resident's blood glucose was 421 and on 8/26/15 at 8pm, the resident's blood glucose was 420. There is no record of the physician being notified.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

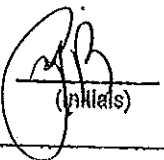
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

All Med Techs are to be inserviced on notifying physicians when blood glucose levels are below or above the parameters as per physician orders.

Notification of physician when blood glucose levels are out of the parameters as per physician orders will be audited during weekly glucose testing audits. Blood glucose monitoring sheets will be audited monthly by DON or designee and will include auditing notification of physician when required.

DON will report to Administrator any failure of staff to notify physician when blood glucose levels are below or above the parameters as per physician orders.

Completion Date 10/31/15

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/13/2015	
Signature of Legal Entity Representative (Required on EVERY Page)			
<i>Nochum Feder</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Nochum Feder			10/15/15
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<u>11/2/15</u> (Date)		<u>11/2/15</u> (Date)	
The above plan of correction was approved by		<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	
 (Initials)			

Violation Report: 13256 - 08/27/2015 - Kazimer, Lauren
 PCH Name: OAKWOOD RESIDENCE

1. REGULATION 66 Pa.Code §2600

2600.190(c) - A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

2a. DESCRIPTION OF VIOLATION

The home's medication administration training record for staff person A does not include the training completion date, the name of the trainer, and documentation that the course was successfully completed.

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 Med Tech medication administration training will include completion date, name of the trainer and complete documentation that the training has been completed.

The DON will be inserviced on maintaining complete records of med techs as required.

The Administrator will review Training records of medication techs monthly to ensure compliance.

Completion Date 10/31/15

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Nochum Feder* Date *10/15/15*

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