



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 3 1 2016

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

RE: Woodside Place of Oakmont
License #: 429730

Dear Mr. Winkler:

As a result of the Department of Human Services' annual licensing inspections on March 9, 2016 and March 18, 2016 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 "J. Rowe", written in a cursive style.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: WOODSIDE PLACE OF OAKMONT		License Number: 42973
Address: 1215 HULTON ROAD, OAKMONT, PA 15139		County: Allegheny
Administrator: Melissa Tomko		Region: WEST
Legal Entity Name: PRESBYTERIAN SENIOR CARE INC		
Legal Entity Address: 1215 HULTON ROAD, OAKMONT, PA 15139		
Certificate(s) of Occupancy C-2 LP 06/04/1991 Labor & Industry		RECEIVED MAY 27 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: N/A	Total Daily Staff: 72	Waking Staff: 54
Type of Inspection: Full	BHA Docket Number: n/a	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 03/09/2016: Park, Beth; Knee, Donald 03/18/2016: Park, Beth; Knee, Donald		
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: 37 Number of Residents Served: 36 Secured Dementia Care Unit in Home: Yes Area: Whole facility Secured Dementia Unit Capacity, if Applicable: 37 Number of Residents Served in Secured Dementia Care Unit, if applicable: 36 Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 4	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 36 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 36 Have a Physical Disability: 0	

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Page 3 of 7

Violation Report: 42973 - 03/09/2016 - Park, Beth
PCH Name: WOODSIDE PLACE OF OAKMONT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600 85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents

2a. DESCRIPTION OF VIOLATION

On 3/9/16, two 50 gallon, uncovered trash cans in the kitchen were approximately 1/10 full of discarded food.

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

1. At the time of inspection, two trash can lids were not being used in the kitchen area. The team was educated on regulation 2600.85 (d) immediately on this date (3/9/16).
2. New garbage can lids were ordered and shipped on 3/10/16. (Please see attached invoice).
3. Garbage cans will be covered to prevent the penetration of insects and rodents.
4. Dining Managers will monitor daily to enforce regulation.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Melissa J. Tomko

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

Melissa J. Tomko

Date 5/27/16

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

The above plan of correction is approved as of 7/20/16
(Date)

Plan of correction implementation status as of 7/20/16
(Date)

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

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

MAY 27 2016

Violation Report: 42973 - 03/09/2016 - Park, Beth
PCH Name: WOODSIDE PLACE OF OAKMONT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION

On 3/9/16 at 11:51am, a window in the activity room of Star House was open and no screen was present

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

1. At the time of inspection, maintenance team was called and educated on regulation 2600.92.
2. Screens were purchased on 3/17/16, due to needing a special order due to dimensions.
3. On May 20th 2016, the team was educated in a team meeting on regulation 2600.92
4. The woodside Place team will monitor daily on rounds and report to administration team as needed.
5. Administrator will do monthly rounds to check all screens in Resident areas.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page) *Melissa Tomko*

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page) *Melissa Tomko*

Date *5/27/16*

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(Date)

Plan of correction implementation status as of 7/20/16
(Date)

The above plan of correction was approved by *g.w.*
(Initials)

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Violation Report: 42973 - 03/09/2016 - Park, Beth
PCH Name: WOODSIDE PLACE OF OAKMONT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards

2a. DESCRIPTION OF VIOLATION

On 3/18/16, the circular walkway in the enclosed courtyard had a slab of the walkway raised up approximately 1 1/4 inches from the adjoining slab posing a tripping hazard

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

1. At the time of inspection, part of our concrete walkway in our courtyard was found to be unlevel and raised. We were already aware of this situation and had orange cones and orange spray paint at location to make residents and families aware.
2. A bid was received and approved on March 23rd 2016 as well as a specific plan by A-1 Concrete Leveling on how to properly fix our concrete. Please see plans attached.
3. On March 30th 2016, plan was completed by A-1 Concrete Leveling. Please see pictures attached.
4. Monthly monitoring will be completed by administrator or maintenance team.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Melissa J. Tomko* Date *5-27-16*

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(Date)

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

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(Date)

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Violation Report: 42973 - 03/09/2016 - Park, Beth
PCH Name: WOODSIDE PLACE OF OAKMONT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.142(a) - The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

On 2/26/2016 at 10:30pm, resident #2 was found on the floor. Progress notes dated 2/26/2016 indicate resident #2 had a small laceration on the bridge of nose and vertical bruising along the length of nose. Resident #2 also had a golf ball size hematoma on forehead. On 2/27/2016 at 5:00am, resident #2 was found on the floor. Progress notes indicate that there were no apparent injuries. On 2/27/2016 at 5:30am, resident #2 was found on the floor again. The progress notes indicate the previous hematoma on forehead seemed to be more swollen. This was the only noted injury. On 2/27/2016 at 5:40am, the physician on call ordered [redacted] to be sent to the emergency room. The family was notified on 2/27/2016 at 5:50am and stated they would come to the home and transport resident #2 to the emergency room. The call for an ambulance was not made until 2/27/2016, at 7:34am, after the family arrived. Resident #2 was diagnosed with 2 fractured ribs, a fractured pelvis, and a fractured nose.

On 12/23/2015 at 11:09pm, resident #5 was found lying on the floor. Resident #5 was bleeding from a one inch laceration on the forehead. According to the Incident Report filed by the home, the certified registered nurse practitioner (CRNP) advised the home to send resident #5 to the emergency room at 11:22pm. The physician confirmed this at 11:30pm. An ambulance was not called until 11:44pm, when the home was unable to reach the resident's husband. Resident #5 was diagnosed with a fractured right elbow and required surgery.

On 12/18/2015 at 11:05pm, Resident #6 was found on the floor. Resident #6's lower lip was bleeding and the resident complained of pain in the lower back and right hip. According to the Incident Report filed by the home, the physician on call advised the home to send resident #6 to the emergency room at 11:20pm. An ambulance was not called to take resident #6 to the hospital until 11:30pm, when the home was unable to reach the resident's family. Resident #6 was diagnosed with a fracture of the spine.

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.

1. On March 14th 2016, a letter and memo were posted for team members and families stating new procedures for emergency transfers. Please see attached letter to families and memo posted for the team.
2. On March 20th 2016, Lead Care attendants and nursing team was educated on regulation 2600.142(a) and the new emergency transfer procedures.
3. The Resident Care Coordinator will monitor each emergency transfer to make sure the appropriate procedures will be followed.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Melissa Tomko* Date *5/27/16*

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(Date)

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(Initials)

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Violation Report: 42973 - 03/09/2016 - Park, Beth
PCH Name: WOODSIDE PLACE OF OAKMONT

WEST REGION FIELD OFFICE
Pennsylvania Licensing

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 #1 was prescribed Escitalopram, 20mg tablet, take 1 tablet by mouth every day There was no diagnosis or purpose on the March 2016 medication administration record for this medication.

Resident #1 was prescribed Risperidone, 25mg tablet, take 1 tablet by mouth two times per day. There was no diagnosis or purpose on the March 2016 medication administration record for this medication.

Resident #2 was prescribed Donepezil, 10mg tablet, take 1 tablet by mouth at bedtime. There was no diagnosis or purpose on the January or February 2016 medication administration records for this medication.

Resident #2 was prescribed Acetaminophen, 650mg by mouth twice daily as needed for mild pain. There was no dosage on the February 2016 medication administration records for this medication

Resident #2 was prescribed ASA EC, 325mg by mouth once daily as a preventative There was no dosage on the February 2016 medication administration records for this medication

Resident #2 was prescribed Ferrous Sulfate Liquid, 300mg by mouth daily for anemia. There was no dosage on the February 2016 medication administration records for this medication.

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

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See page 7^a of 7

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Melissa J. Tomko</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Melissa J. Tomko</i>	<i>5/27/16</i>

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MAY 27 2016
WEST REGION FIELD OFFICE
Human Services Licensing

Plan of Correction for regulation 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 of Medication, including PRN
- 13) Date and Time of medication Administration
- 14) Name and Initials of the Staff Person Administering the Medication.

Plan of Correction:

1. Beginning May 22, 2016, there was a new Resident monthly MAR/TAR check procedure put in place to ensure all medications are accurately written according to regulation 2600.187(c).
2. Woodside Place lead care attendants and nursing team members were educated on new procedure on May 22, 2016. Please see attached education form.
3. Monthly MAR/TAR audits will be completed by lead care attendants and nursing team to ensure regulation 2600.187(c) is met.

Residents #1 + #2 no longer reside in the home. gw. 7/20/16

Melissa Junko

5/27/16

gw. 7/20/16