



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 12 2017

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

RE: Longwood at Oakmont Personal Care Center
License #: 429900

Dear Mr. Peterson:

As a result of the Department of Human Services' annual licensing inspections on March 31, 2016 and April 6, 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 cursive script that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER		License Number: 42990
Address: 500 ROUTE 909, VERONA, PA 15147		County: Allegheny
Administrator: Nicole Waugaman		Region: WEST
Legal Entity Name: LONGWOOD AT OAKMONT INC		
Legal Entity Address: 500 ROUTE 909, VERONA, PA 15147		RECEIVED
Certificate(s) of Occupancy C-2 LP 12/02/1998 Labor and Industry		OCT 31 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 33	Waking Staff: 25
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 03/31/2016: Garrigan, Laurie; Flinner-Alman, Lisa; <i>Haggart, Cindy</i> 04/06/2016: Garrigan, Laurie		
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: <i>49</i> Number of Residents Served: 29 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: 0 Number of Hospice Residents in past year: 0		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 29 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 4 Have a Physical Disability: 1

Nicole Waugaman BSN, PCHA 10-28-2016

Violation Report: 42990 - 03/31/2016 - Garrigan, Laurie
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

On 3/31/16, resident information was unlocked and accessible in multiple areas of the home, to include the following:

In a desk drawer of the 2nd floor country kitchen:

- * 6 blank shift report forms listing multiple resident names, attending physicians, pharmacy information, and resident care needs, including incontinence care
- * 9 completed shift report notes, dated 3/25/16, including staff shift care notes for the 9 residents
- * A handwritten list including 2 residents' weights and one resident's blood pressure

The top drawer of the filing cabinet at the front desk:

- * Copies of insurance cards, to include resident #2
- * Health insurance preferences and plan information, to include policy numbers for residents #3 and #4
- * 2 prescriptions for resident #5

The rental agreements for residents #1 and #2, dated 5/31/11, were in a folder on top of a shelving unit in the 1st floor living room.

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.

PLEASE SEE ATTACHED

See Page 2A of 9

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nicole Waugaman, BSN, PCHA Date 10-28-2016

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

The above plan of correction is approved as of 11/2/16 (Date)

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

Plan of correction implementation status as of 11/2/16 (Date)

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

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OCT 31 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Regulation 2600.17 Plan of Correction

A request has been put into our maintenance department to secure all drawers in the country kitchens so that that area does not become a catch all for papers. This should be completed no later than November 11, 2016.

A request to maintenance has also been submitted to install a new door in the reception area that will allow the receptionist to secure confidential information. This should be completed no later than November 11, 2016.

Please note that we did try to resolve this situation prior to receiving the violation report via magnetic locks. The original magnetic lock system that was initially purchased to remedy this situation was not an effective solution to the problem, and therefore we needed to seek alternative methods to secure the areas listed on the plan of correction, requiring for us to request additional time for remediation.

The staff has been educated on HIPPA and confidential information, where they can safely put paperwork with resident names and where they cannot put resident information via annual in-servicing, and we will provide additional education regarding this area of concern no later than Nov. 15, 2016.

We will also put special emphasis on educating new team members on the importance of keeping resident information confidential and secured.

Weekly audits will be performed by the charge nurse staff. Efforts of such will be maintained in the QAPI binder.

Resident #2 personal copy of the rental agreement was removed from the common place, and we obtained permission for it to be placed in the staff office as the resident repeatedly would place the document in the living room. Resident #2 has since been moved to a higher level of care, and no longer resides in personal care. For a like situation in the future, we will ask for the document to be sent electronically to a family member and we will encourage the resident to place the document in the business office or staff office file for safe keeping. Documentation will be kept to reflect efforts of re-directing a resident from placing confidential information in a common area. Resident education will be provided during the admission process for new admissions and new families in personal care that personal information left in common areas will be removed in placed in the staff office until such time that is retrieved by either the responsible party or resident.

Please see staff education piece – Addendum A that is attached to this document.

Please see resident education piece – Addendum B that is attached to this document.

Nicole Waugaman BSN, PCHA

Nicole Waugaman, BSN, PCHA

10-28-16

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OCT 5 1 2016

Page 3 of 9

Violation Report: 42990 - 03/31/2016 - Garrigan, Laurie
PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600
2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION
Direct care staff person A, hired on [redacted] 13, received only 10 hours of annual training during the 2015 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.

Regulation 2600.65(e) Plan of Correction

Direct Care Staff Member A did complete (17 hours) of annual training in July of 2016. 2 of the hours were to count towards make up hours for 2015. She is no longer with our community, but her 2016 team training log is attached as Addendum C to this document and it contains her signature verifying her attendance in training sessions.

Additionally, to prevent a like situation from occurring in the future, we have changed how training is tracked. We have developed a new training log for required training. Direct Care Staff Member A's training log is one of the new tools that will be utilized for all personal care employees.

We have developed a triple check system for all training so that 3 separate people are checking over to ensure training is obtained in a timely manner.

We are now offering a variety of resource for employees to obtain training from written tests, on-line courses, in person group training, and one-on-one training so that we can meet the needs and time constraints of all employees.

Training materials will be updated annually to ensure that it accurately reflects best practices and regulatory mandates.

TD
10-28-16

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Nicole Waugeman, BSN, PCHA Date 10-28-2016

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(Date)

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(Initials)

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Violation Report: 42990 - 03/31/2016 - Garrigan, Laurie
PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

On 3/31/16, the hot water temperatures were as follows:
* 126.1 degrees Fahrenheit at the sink in the 2nd floor tub room at 10:01 a.m.
* 123 degrees Fahrenheit at the sink in the 2nd floor public restroom at 10:26 a.m.
* 123.9 degrees Fahrenheit at the sink in the 1st floor public restroom at 11:19 a.m.
* 127 degrees Fahrenheit at the sink in the 1st floor shower room at 11:32 a.m.

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.

Regulation 2600.89(b) Plan of Correction

Information regarding water temperatures elevated beyond 120 F has been relayed to the maintenance director. His plan to rectify and monitor the situation is as follows:

The water temperatures on the boiler that supply Parkview Personal Care hot water have been turned down to 115 degree.

The maintenance staff will monitor and document the water temps in varying random areas as follows:

Week One Oct. 31, 2016 – three areas will be checked daily at random times.

Then, if all results are within 120 degrees or below, the water temperatures will be checked in 3 random areas monthly on an ongoing basis. Adjustments will be made as needed.

The maintenance director will provide education to the maintenance team to ensure they understand proper water temperatures in personal care, and what to do if they exceed 120 degrees.

A flow sheet has been created to document such efforts and is submitted as Addendum E.

If at any time, the water temperatures are higher than 120 degrees, the Director of Maintenance will be notified, and he will develop a plan of correction.

All resident rooms have scald proof faucets installed to prevent issues in the residents' rooms to prevent injury. *MW 10-28-16*

weekly Ran 11/2/16

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Nicole Waugaman, BSN, PCHA Date 10-28-2017

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Violation Report: 42990 - 03/31/2016 - Garrigan, Laurie
 PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

On 3/31/16, there were no emergency numbers posted on or by the telephone in 1st floor hall near the dining room.

On 4/6/16, there were no emergency numbers posted on or by the telephone in resident #7's bedroom.

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.

Regulation 2600.91 Plan of Correction

A phone tag with the appropriate phone numbers was added to the hall phone by the end of business on the day of inspection.

Stickers will be created and placed on all phones in personal care in addition to the phone tags to ensure that the phones have the contact information in multiples places in case one of the tag is accidentally removed by Nov. 11. 2016.

An education piece will be added to the admission packet and the new employee packet to educate new hirers and new residents on the importance of the phone tags / stickers on all phones in personal care by Nov. 11. 2016.

The current team will be educated on this regulation by Nov. 30, 2016. A sign in sheet will be maintained as proof of such education. This topic will be added to our annual training topics as well.

Monthly audits will be completed as part of QAPI efforts and documentation of such will be maintained.

NW 10-28-16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Nicole Waugaman

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

Nicole Waugaman, BSN, PCHA

Date

10-28-2016

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[Signature]
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Violation Report: 42990 - 03/31/2016 - Garrigan, Laurie
PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION

On 3/31/16, there was an unlabeled/undated plastic package of bread crumbs in the dry storage 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.

Regulation 2600.103(e) Plan of Correction

The bag of bread crumbs was removed from the dry storage area immediately upon discovery, and the remaining area was audited as well.

The dining service director will provide education to the dining service team and will follow with a competency skill assessment for her team in healthcare. Such education / assessment will be provided by Nov. 30, 2016, so that she can cover her casual team as well. A sign in sheet will be kept to log the teams' education / assessment progress.

Audits will be completed daily for 1 week, and then 1 time of month for 3 months, and then randomly thereafter of the dry storage area by a supervisor in dining services as QAPI measure.

10-28-2016

addendum G-H

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

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(Required on EVERY Page) *Nicole Waugaman, BSN, PCHA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Nicole Waugaman, BSN, PCHA Date 10-28-2016

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Violation Report: 42990 - 03/31/2016 - Garrigan, Laurie
PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER

WEST REGION FIELD OFFICE
Human Services 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 #8's April 2016 medication administration record (MAR) does not include the dosage for his/her Magnezyme-Take one capsule by mouth once a day.

Resident #9's March 2016 MAR does not include a diagnosis or purpose for the following medications:

- * Glipizide 6mg tablet-Take 1/2 tablet once a day at supper
- * Lantus 10ml insulin-Inject 12 units sub-q every morning
- * Novolog 100u/ml insulin-Inject 2 units sub-q 3 times daily with meals

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.

Regulation 2600.187 (a) Plan of Correction

Education has been provided to the license team regarding the requirements for medication records.

Only LPNs and RNs will be able to manually add information to the MARS.

Audits will be completed monthly for three months on the MARS to ensure that the MARS have the appropriate information on them, then quarterly thereafter.

The pharmacy has been advised of the violation and education has been provided to them as well.

MD 10-28-16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Nicole Waugaman BSN, PCHA

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Nicole Waugaman, BSN, PCHA

Date

10-28-2014

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11/2/16
(Date)

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(Initials)

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OCT 31 2016

Violation Report: 42990 - 03/31/2016 - Garrigan, Laurie
PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

On 8/27/15 at approximately 9:15 p.m., staff person B administered resident #10's medications, including phenobarbital, to resident #11. Resident #11 had to be transported to the hospital by ambulance for evaluation.

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.

2600.187(d) Plan of Correction

Employee recognized her error immediately, followed protocol, and consulted with the on shift LPN supervisor, who contacted the pharmacy, family, and the physician. The physician sent the resident to the Emergency room as precautionary measures.

The employee was able to explain how and why the error occurred. She was able to identify how she would prevent such errors from occurring again. The employee expressed concern and sorrow for the error occurring.

Employee was taken off medication administration duties until she was able to complete remediation.

Employee reviewed Module 1 and Module 5 of the PA DPW OMR Training to Administer Medication the Right Way prior to administering any further medications as part of her remediation.

Employee had her next three med passes supervised to ensure she was following protocols.

Employee had annual retraining as scheduled.

Error was addressed with the entire team as a learning opportunity, and we discussed how others would prevent such errors.

AW 10-28-16

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
(Required on EVERY Page) *Nicole Waugaman BSN, PCHA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Nicole Waugaman, BSN, PCHA
Date 10-28-2016

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Violation Report: 42990 - 03/31/2016 - Garrigan, Laurie
PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600
2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
The support plan for resident #9, dated 12/21/15, was not signed by the resident and does not indicate if the resident was unable to participate, declined to participate, refused to sign or unable to sign.

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.

Regulation 2600.227 (g) Plan of Correction

The care plan signature pages will be audited by Nov. 30, 2016 to see what signatures are needed. The nursing team will review the support plan with those individuals who do not have a signature, and request for the resident to sign if they are in agreement of the current plan.

Support plans are reviewed for signatures in the support plan meetings held with each resident.

Audits of random charts will be conducted on a monthly basis by the PC team as part of QAPI efforts. Documentation of such efforts will be maintained.

Team education will be provided by Nov. 30, 2016, documentation of such effort will be maintained.

NO 10-28-16

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nicole Waugaman, BSN, PCHA | Date 10-28-2016

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