



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 14 2016

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

RE: Westminster Place of Oakmont
License #: 429620

Dear Mr. Winkler:

As a result of the Department of Human Services' annual licensing inspections on April 12, 2016 and April 13, 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".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: WESTMINSTER PLACE OF OAKMONT		License Number: 429820
Address: 1215 HULTON ROAD, OAKMONT, PA 15139		County: Allegheny
Administrator: Kathy Hammer		Region: WEST
Legal Entity Name: PRESBYTERIAN SENIOR CARE INC		RECEIVED
Legal Entity Address: 1215 HULTON ROAD, OAKMONT, PA 15139		
Certificate(s) of Occupancy I-2 07/07/2015 Borough of Oakmont		SEP 29 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 82	Waking Staff: 89
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/12/2016: McConnell, Deb; Pfaff, Vicki 04/13/2016: McConnell, Deb; Pfaff, Vicki		
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: 120 Number of Residents Served: 87 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: 2 Number of Hospice Residents in past year: 10		Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 87 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 5 Have a Physical Disability: 0

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SEP 29 2016

Violation Report: 42862 - 04/12/2016 - McConnell, Deb
PCH Name: WESTMINSTER PLACE OF OAKMONT
WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2800
2600.83(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION
On 4/3/16, from 3:00 p.m. through 5:00 p.m., 83 residents were present in the home. During this time staff person A, B, C, and D were present in the home. However, staff person D was the only staff person certified in first aid.

3. PLAN OF CORRECTION (FOC) (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 and C completed their first aid training on 4/22/16.

Any direct care staff who did not receive first aid training in the March CPR class attended the first aid training on 4/22/16. To prevent any future gaps in certification, the certified CPR instructor will include first aid training along with the CPR class.

The administrator will monitor and review staff certification monthly for quality assurance and present findings at the quality management team meetings.

Immediately: The administrator or designee who schedules staff will ensure at least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and cardiopulmonary resuscitation will be present in the home at all times. 10-3-16

Immediately: The administrator or designee will review the schedule and staff working hours weekly to ensure at least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and cardiopulmonary resuscitation is present in the home at all times. 10-9-16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kathy Hammer*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathy Hammer, Administrator* Date *9/27/16*

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

The above plan of correction is approved as of 10-4-16 (Date) Plan of correction implementation status as of 10-4-16 (Date)

- The above plan of correction was approved by *EH* (Initials)
- Fully Implemented
 - Partially Implemented - Adequate Progress
 - Partially Implemented - Inadequate Progress
 - Not Implemented

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SEP 29 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 42962 - 04/12/2016 - McConnell, Deb
PCH Name: WESTMINSTER PLACE OF OAKMONT

1. REGULATION 66 Pa.Code §2800

2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

On 4/12/16, at 9:50 a.m., the water temperature at the sink in the kitchenette on the north portion of the third floor measured 123 degrees Fahrenheit.

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.

Maintenance was notified on 4/12/16, regarding the elevated water temperature of 123 degrees Fahrenheit in the third floor north kitchenette area and made appropriate adjustments to lower the water temperature.

Maintenance monitors and record water temps daily. A review of the monthly temperature log noted no water temperatures exceeding 120.

The Director of Maintenance will review temperature logs monthly and forward any concerns to the quality management team for quality assurance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Kathy Hamner

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

Kathy Hamner, Administrator

Date

9/27/16

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The above plan of correction is approved as of 10-4-16
(Date)

Plan of correction implementation status as of 10-4-16
(Date)

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

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

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SEP 29 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 42862 - 04/12/2016 - McConnell, Deb
PCH Name: WESTMINSTER PLACE OF OAKMONT

1. REGULATION 55 Pa.Code §2800
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

On 4/12/16, at 10:20 a.m., the temperature of the unsecured and unattended steam table in the kitchen area of the café measured 179 degrees Fahrenheit. There were no protective guards in place to prevent residents from coming in contact with the steam table.

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.

Signage was placed on the dutch doors to the kitchen area on 4/12/16, alerting residents that the kitchen area is restricted for safety reasons when the steamtable is on. The dutch door opens and closes using a lock when the steamtable is in use. Reminders are posted that the kitchenette on the north resident lounge area is accessible for residents to access drinks or snacks as needed.

Staff has been educated to keep dutch door closed and locked at all times for residents protection when the steamtable is in use.

An audit tool will be utilized at mealtimes x 3 months, to monitor that the dutch door is closed and locked during steamtable operation. The neighborhood coordinators will review audit and present any concerns to the monthly quality management team for quality assurance.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Rebecca Hammer*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Rebecca Hammer, Administrator* Date *9/27/16*

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The above plan of correction is approved as of <u>10-4-16</u> (Date)	Plan of correction implementation status as of <u>10-4-16</u> (Date)
The above plan of correction was approved by <u>JH</u> (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

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SEP 29 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Page 6 of 10

Violation Report: 42982 - 04/12/2016 - McConnell, Deb
PCH Name: WESTMINSTER PLACE OF OAKMONT

1. REGULATION 55 Pa.Code §2800

2600.107(b) - The home shall have written emergency procedures that include the following:

- (1) Contact information for each resident's designated person.
- (2) The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
- (3) Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
- (4) Means of transportation in the event that relocation is required.
- (5) Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
- (6) Alternate means of meeting resident needs in the event of a utility outage.

2a. DESCRIPTION OF VIOLATION

The home's emergency management procedure does not include the telephone numbers for the state and local emergency management agencies.

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 posted emergency procedure information was updated on 4/12/16, to include the state and local telephone numbers.

The Administrator revised the Emergency Preparedness manual table of contents and included additional local and State emergency telephone numbers. The changes to the Emergency Manual will be reviewed at the monthly quality management team meeting.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Ruthy Hammar</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Ruthy Hammar, Administrator</i>			Date <i>9/27/16</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>10-4-16</u> (Date)		Plan of correction implementation status as of <u>10-4-16</u> (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	

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SEP 29 2016

Violation Report: 42962 - 04/12/2016 - McConnell, Deb
PCH Name: WESTMINSTER PLACE OF OAKMONT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
On 4/12/16, a wheeled book case was blocking the emergency egress from the Atrium/Chapel portion of the home to the side porch exit.

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 wheeled book case that was in front of the emergency exit door was moved on 4/12/16 to another location in the Atrium away from exit doors. The wheeled bookcase has not been observed by an exit door since it was moved to the new location.

Staff education was completed, informing staff to keep stairwells and doorways to any exit doors unobstructed at all times.

Maintenance will complete random safety checks during rounds x 3 months, to monitor compliance and forward any concerns to the quality management team for quality assurance.

Immediately: A designee will check the home daily on each shift to ensure all stairways, hallways, doorways, passageways and egress routes from rooms and from the building are unlocked and unobstructed.

10-5-16 y

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kathy Hamman*

Printed Name and Title of Legal Entity Representative Date
(Required on EVERY Page) *KATHY HAMMAN, Administrator* 9/27/16

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

The above plan of correction is approved as of 10-4-16
(Date)

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

Plan of correction implementation status as of 10-4-16
(Date)

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

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SEP 29 2016

Page 8 of 10

Violation Report: 42962 - 04/12/2016 - McConnell, Deb
PCH Name: WESTMINSTER PLACE OF OAKMONT

WEST REGION FIELD OFFICE
Human Services Licensing

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 is prescribed Novolin R, 100 units/ML, sliding scale. The 4/10/16 medication administration record (MAR) indicates if blood glucose is > than 400 = 14 units and call MD. However, the pharmacy label indicates if blood glucose is > than 400 = KAC.

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.

Nursing notified pharmacy on 4/12/16, that the Pharmacy label for resident #3 's Insulin did not match the medication administration record (MAR). The pharmacy sent a replacement vial, which included the entire sliding scale. The pharmacy investigation into the label discrepancy noted a need for the pharmacy to update a software alert feature to prevent running over text errors on pharmacy labels.

Nursing has been educated to review all insulin vials monthly, to ensure pharmacy labels are complete and match the physician orders and MAR.

The Neighborhood Coordinators will complete monthly insulin audits to monitor for label discrepancies x 3 months and forward any concerns to the quality management team for quality assurance.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/14/2014	
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Signature of Legal Entity Representative
(Required on EVERY Page) *Kathy Hamman*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kathy Hamman, Administrator* Date *9/27/16*

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(Date)

Plan of correction implementation status as of 10-4-16
(Date)

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

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

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SEP 20 2016

Violation Report: 42962 - 04/12/2016 - McConnell, Deb
PCH Name: WESTMINSTER PLACE OF OAKMONT

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

Resident #4 is prescribed Budesonide, 0.6 mg/2ml, 1 unit dose in nebulizer once a day. According to the resident's April 2016 medication administration record, the medication was not available in the home and not administered on 4/3/16, 4/4/16 and 4/5/16 at 6:00 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.

The physician for Resident # 4 was notified 4/5/15, that the Budesonide nebulizer was unavailable and that the resident did not want to take it as she was asymptomatic. The medication was discontinued on 4/5/16 as per physicians order.

All med trained certified staff has been educated to alert nursing immediately if medications are not available. Nursing will alert pharmacy of any resident are in need of medication refills and notify the physician of any resident who may have missed a medication due to unavailability.

The Neighborhood Coordinators will complete monthly MAR audits to monitor for unavailable medications x 3 months and present findings to the quality management team for quality assurance and/or further recommendations.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *KATHY HAMMAL, Administrator* Date *9/27/16*

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

The above plan of correction is approved as of <u>10-4-16</u> (Date)	Plan of correction implementation status as of <u>9-27-16</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (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