



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED  
MAILING DATE: SEP 02 2016

Mr. Coler J. Gestetner, Managing Member  
Oakwood Residence, LLC  
2109 Red Lion Road  
Philadelphia, Pennsylvania 19115

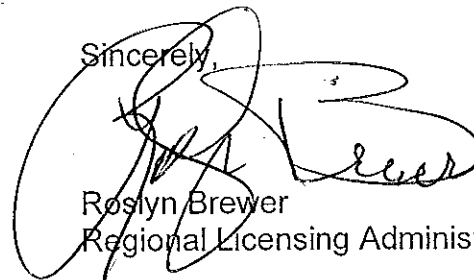
RE: Oakwood Residence  
License #: 132560

Dear Mr. Gestetner:

As a result of the Department of Human Services' licensing inspection on 6/17/16 which we conducted on-site inspections] 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,



Roslyn Brewer  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report:

PCH Name: OAKWOOD RESIDENCE

1. REGULATION 55 Pa.Code §2600

2600.16(b) - The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

The home did not provide a written policy on the prevention, reporting, notification, investigation and management of reportable incidents; specifically the reporting and notification of the out of service elevator. The Home's elevator was out of service for more than one week and at the time of inspection the elevator was still out of service and would remain out of service until at least the following week.

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.

Incidents where the elevator is out for a protracted length of time will be reported as a reportable incident to DHS. This requirement for reporting out of service will be included in the elevator out of service policy and procedure.

The Administrator or designee is responsible for this reporting requirement.

Completion Date: 7/22/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Nocham Feder*

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

Nocham Feder

Date: 7/22/16

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

The above plan of correction is approved as of

7/25/16  
(Date)

Plan of correction implementation status as of

7/25/16  
(Date)

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

The above plan of correction was approved by

*AB*  
(Initials)

Violation Report;

PCH Name: OAKWOOD RESIDENCE

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On June 17, 2016, the Department received an anonymous complaint regarding the Home's elevator being out service for more than one week. The home did not submit an incident report to the Department regarding the out of service elevator

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.

Incidents where the elevator is out for a protracted length of time will be reported as a reportable incident to DHS. This requirement for reporting out of service will be included in the elevator out of service policy and procedure.

The Administrator or designee is responsible for this reporting requirement.

Completion Date: 7/22/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)



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

Nachum Feder

Date 7/22/16

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

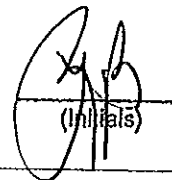
The above plan of correction is approved as of

7/25/16  
(Date)

Plan of correction implementation status as of

\_\_\_\_\_  
(Date)

The above plan of correction was approved by

  
(Initials)

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

Violation Report:  
 PCH Name: OAKWOOD RESIDENCE

1. REGULATION 55 Pa.Code §2600

2600.42(m) - A resident has the right to leave and return to the home at times consistent with the home rules and the resident's support plan.

2a. DESCRIPTION OF VIOLATION

The residents on the 3rd Floor with mobility needs are not able to leave and return to the home due to the elevator being out of service. The residents with mobility needs have been limited to the 3rd floor since the elevator has been out of service during the weeks of June 6, 2016 & June 13, 2016.

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.

Any residents on the 3<sup>rd</sup> floor with mobility needs can be assisted by staff down the stairs and were offered assistance.

Immobile residents are located on the 2<sup>nd</sup> floor where they can enter and exit the home through the adjacent nursing home which does not require stairs when the elevator is out of service.

The administrator will review the resident roster monthly to ensure all immobile residents are living in areas that they can enter and leave the home at times consistent with their support plans and home rules.

Completion Date: 7/22/16

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

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Nochum Feder	7/22/16

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

The above plan of correction is approved as of 7/25/16  
 (Date)

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

Plan of correction implementation status as of 7/25/16  
 (Date)

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

Violation Report:

PCH Name: OAKWOOD RESIDENCE

1. REGULATION 55 Pa.Code §2600  
2600.42(p) - A resident shall be free from restraints.

2a. DESCRIPTION OF VIOLATION

The resident's with mobility needs did not have the liberty to vacate the 3rd floor at will. The 3rd floor residents with mobility needs were restricted to the 3rd floor during the weeks of June 6, 2016 & June 13, 2016 as the Home's elevator was out of service.

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.

Any residents on the 3<sup>rd</sup> floor with mobility needs can be assisted by staff down the stairs and were offered assistance

The administrator will review the resident roster monthly to ensure all immobile residents are living in areas that they can enter and leave the home at times consistent with their support plans and home rules.

Completion Date: 7/22/16

All residents with mobility needs will be relocated to the second floor to ensure they are able to evacuate in the event of an emergency, starting within 30 days of receipt of this plan of correction. (2)

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

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Michael Feler*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Michael Feler	7/22/16

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

The above plan of correction is approved as of 7/22/16  
(Date)

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

Plan of correction implementation status as of 7/25/16  
(Date)

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