



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 13 2016

Mr. Paul Peterson, Executive Director
Longwood at Oakmont
500 Route 909
Verona, Pennsylvania 15147

RE: Longwood at Oakmont Personal Care Center
License #: 441390

Dear Mr. Peterson:

As a result of the Department of Human Services' annual licensing inspection on July 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

AUG 19 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44139 - 07/13/2016 - Barry, Courtney
PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards

2a. DESCRIPTION OF VIOLATION
The left lower side of coffee/microwave cart in the living room was separated approximately 1 inch from the cart and the right lower cabinet door was not secured to the cart.

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.

2600.95 - Plan of correction dated 7/21/2016

1. The microwave cart with the unsecured cabinet door was removed and thrown away.
2. The microwave cart was replaced with a new cart.
3. Education has been provided to the Personal Care Team on the importance of checking, reporting and removing broken furniture or the like during the July 2016 team meeting.
4. An email has also been composed and sent out to the entire Personal care Team that discusses the expectation for the Personal Care Team to check, report, and if necessary repair or remove furniture, equipment and the general environment for broken, damaged or hazardous items.
5. The LPN Team at Brookwood will perform a set of weekly rounds to inspect and report about environmental concerns, including broken equipment, furniture or other building concerns.
6. The LPNs have been provided training to submit such concerns to administration and facilities via Worx Hub System that provides immediate request to our Facilities Department. Any repairs needed, will be submitted through our Worx Hub System that allows administration to monitor for timely completion of repairs or needed tasks within our Facilities Department.
7. A Quarterly QAPI review will be done of the above to ensure that any furniture in poor repair is being taken care of immediately.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Nicole Waugaman* Date *7/25/2016*

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

The above plan of correction is approved as of <u>8/23/16</u> (Date)	Plan of correction implementation status as of <u>8/23/16</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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AUG 19 2016

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Violation Report: 44139 - 07/13/2016 - Barry, Courtney
PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER
WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 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 #1 is prescribed Spronolactone 25mg-Take 1 tablet by mouth daily; however, the pharmacy label indicates Spronolactone 25mg-Take 1 tablet by mouth twice daily.

Resident #1 is prescribed Hydrocodone/APAP 5/325mg-Take 1 tablet by mouth twice daily as needed; however, the pharmacy label indicates Hydrocodone/APAP 5/325mg-Take 1 tablet by mouth once daily as needed.

Resident #2 is prescribed Fluticasone Prop 50mcg 0.05%-Instill 1 spray into each nostril as needed; however, the pharmacy label indicates Fluticasone Prop 50mcg 0.05%-Instill 1 spray into each nostril two times daily.

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 LPN team at Brookwood reviewed both carts and the MARS against the labels to ensure that labels and MAR entries are matching. Any necessary corrections have been made and identified with a change in order sticker.
- The LPN Team at Brookwood will complete a monthly review of the Medication Carts and Labels to ensure that the correct information is displayed on both.
- The information collected will be reviewed by the administrator or designee on a monthly basis.
- The information will be part of the quarterly QAPI meeting to help monitor and track trends.
- Mission Pharmacy has provided an audit of the medication carts and MARS.
- Mission Pharmacy will complete a monthly cart / MAR audit on all Personal Care carts.
- Education has been provided at the July monthly meeting regarding the importance of accurate information on labels and the MAR.
- The Personal Care team will all review the on-line training for medication administration regarding specific sections on order changes and MAR entries. This will be completed by August 31, 2016 as I want to make sure the entire staff has the opportunity to review such information.
- The concerns were also addressed with two different representatives of Mission Pharmacy, including [redacted] who does care cart audits, and [redacted] data entry.
- Education was provided about placing change of order stickers on those items affected with order changes.
- Change of Order stickers were ordered for each medication cart.

Repeat Violation: Yes . Date(s) of Previous Violation(s): 10/24/2014

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nicole Waugaman* Date *7/25/2016*

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Plan of correction implementation status as of 8/23/16 (Date)

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

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