



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 11 2017

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 inspection on December 8, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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JAN 25 2017

Page 2 of 4

Violation Report: 42973 - 12/08/2016 - Knee, Donald
PCH Name: WOODSIDE PLACE OF OAKMONT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

A copy of Chapter 2600 was not posted in a public and conspicuous place, as the only copy was posted behind a locked display case.

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, the current license and inspection summary were only located in a locked display case due to our dementia population.
2. At the time of inspection, the administrative assistant made copies of the current license and inspection summary and placed in a binder.
3. This binder is now kept in the lobby seating area as of December 8th 2016 for Residents and visitors to access.
4. A duplicate copy of this binder was also implemented on December 8, 2016 to replace if needed due to our dementia population in case a Resident misplaces.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Melissa Tomko</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Melissa Tomko, Administrator	1/24/17

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

The above plan of correction is approved as of 1/27/17
(Date)

Plan of correction implementation status as of 1/27/17
(Date)

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

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

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 42973 - 12/08/2016 - Knee, Donald
PCH Name: WOODSIDE PLACE OF OAKMONT

1. REGULATION 55 Pa.Code §2600
2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION
Staff person A, hired [redacted] 14, provides unsupervised ADL services; however, he/she did not complete the Department-approved direct care training course and pass the competency test until 1/13/15.
Staff person B, hired [redacted] 16, provides unsupervised ADL services; however, he/she did not complete the Department-approved direct care training course or pass the competency test.

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 form page 3A of 4

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Melissa J Tomko</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Melissa Tomko, Administrator</i>			Date <i>1/24/17</i>

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

The above plan of correction is approved as of <u>1/27/17</u> (Date)	Plan of correction implementation status as of <u>1/27/17</u> (Date)
The above plan of correction was approved by <u>BB</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>BB</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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WEST REGION FIELD OFFICE
Human Services Licensing

1. At the time of inspection, two team members were found not to have the completed department approved direct care training course and pass the competency in the regulated timeframe needed.
2. New orientation training was developed by the administrator, administrative assistant, human resources, and care attendants that will involve specific training on the first day of orientation within the Woodside Place community after the human resources orientation.
3. Please see the orientation checklist attached.
4. New team members will receive the required department approved direct care training and pass the competency test on day one at Woodside Place. This training and test will be set up by the administrator or Resident Care Coordinator.
5. This new process was implemented on January 1, 2017 for all new team members.
6. The administrative assistant will keep team members files updated to assure appropriate time frames are met.

Staff person B completed the Department-approved direct care training course and passed the competency test on 1/26/17. BB 1/27/17

Melissa J. Tomko
Melissa Tomko, Administrator

1/24/17

BB 1/27/17

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Violation Report: 42973 - 12/08/2016 - Knee, Donald
PCH Name: WOODSIDE PLACE OF OAKMONT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600
2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION
The emergency procedures for the municipality in which the home is located were not posted.

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, the municipality emergency procedures was not posted.
2. At the time of inspection, the administrative assistant made copies of the emergency procedures for the municipality and placed in a binder.
3. This binder is now placed in the lobby seating area as of December 8, 2016 for Residents and visitors to access.
4. A duplicate copy of this binder has also been created on December 8, 2016 to replace if needed due to dementia population.

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
Melissa Tomko, Administrator	1/24/17

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