



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 02 2017

Ms. Niki Waugaman,
Director of Personal Care
Longwood at Oakmont
500 Route 909
Verona, Pennsylvania 15147

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

Dear Ms. Waugaman:

As a result of the Department of Human Services' annual licensing inspection on January 23, 2017 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, 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: LONGWOOD AT OAKMONT PERSONAL CARE CENTER		License Number: 42990
Address: 500 ROUTE 909, VERONA, PA 15147		County: Allegheny
Administrator: Niki Waugaman, Director		Region: WEST
Legal Entity Name: LONGWOOD AT OAKMONT INC		
Legal Entity Address: 500 ROUTE 909, VERONA, PA 15147		
Certificate(s) of Occupancy C-2 LP 12/02/1998 Dept L & I		RECEIVED MAR 9 1 2017 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		
On-Site Inspections Dates and Department Representatives On-Site 01/23/2017: Barry, Courtney; Hoover, Josh; Mulick, Cindy		
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: 49 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: 2 Number of Hospice Residents in past year: 3	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	

Violation Report: 42990 - 01/23/2017 - Barry, Courtney
PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.127(a) - Portable space heaters are prohibited.

2a. DESCRIPTION OF VIOLATION

At 3:34 p.m., there was an operating portable space heater tilted against the wall behind the security desk in a main lobby entrance, which is connected to the personal care home.

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.

2600.17 (a) I am disputing the violation as the area that the space heater was found is part of the Longwood at Oakmont Independent Living Community, and is not licensed as part of our personal care community.

Portable space heaters are currently not in use.
Immediately - A designated staff person will check the home at least once weekly to ensure portable space heaters are not in use. MS 4/18/17

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Niki Waugaman - Director of Personal Care* Date *3/20/2017*

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

The above plan of correction is approved as of 4/18/17
(Date)

Plan of correction implementation status as of 4/18/17
(Date)

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

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

RECEIVED

MAR 21 2017

WEST VIRGINIA FIELD OFFICE
Human Services Licensing

Violation Report: 42990 - 01/23/2017 - Barry, Courtney
PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER

1. REGULATION 55 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
The medical evaluation, completed 4/22/16, for resident #1 is blank in the following areas: date resident evaluated, height, pulse rate, and temperature.

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.
Resident #1's medical evaluation has been corrected and is completed in its entirety. ms 4/18/17

2600.14(a) (2) All required forms, including the Documentation of a Medical Exam will be reviewed for completion by the Parkview Nursing Team, and then ongoing the 11-7 charge nurse will review all DMEs for completion on a monthly basis. Efforts of such will be maintained in the QAPI Binder.

The licensed team will be provided remediation regarding Documentation of a Medical Exams as well other required forms to ensure that they are completing them thoroughly and accurately. The remediation / education will provided on Monday 3/20/2017 to all licensed staff members.

A memo will be sent to the physician associated with the Longwood at Oakmont, regarding DME completion, and they will be provided education regarding the regulations associated with them.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Niki Waugaman - Director of Personal Care* Date *3/20/2017*

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(Date)

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(Initials)

Plan of correction implementation status as of 4/18/17
(Date)

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Violation Report: 42990 - 01/23/2017 - Barry, Courtney
PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
Resident #2's medical evaluation was completed on 5/11/15. Another medical evaluation was not completed until 6/10/16.

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.

2600.141(b)(1) All required forms, including the Documentation of a Medical Exam will be reviewed for completion by the Parkview Nursing Team, and then ongoing the 11-7 charge nurse will review all DMEs for completion on a monthly basis. Efforts of such will be maintained in the QAPI Binder.

The licensed team will be provided remediation regarding Documentation of a Medical Exams as well other required forms to ensure that they are completing them thoroughly and accurately. The remediation / education will provided on Monday 3/20/2017 to all licensed staff members.

A memo will be sent to the physician associated with the Longwood at Oakmont, regarding DME completion, and they will be provided education regarding the regulations associated with them.

An in-person medical evaluation will be completed for resident #2 by 6/10/17 unless the resident has a significant change in his/her medical condition and care needs at which time another medical evaluation shall be completed. ms 4/18/17

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Niki Waugaman BSN, PCHA, CDP Director of Personal Care* Date *3-20-17*

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Violation Report: 42950 - 01/23/2017 - Barry, Courtney
PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION

There was no breathing shield in the first aid kit of the 2008 Ford Shuttle used to transport residents.

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.

2600.171(b)(5) A breathing shield that was found acceptable in previous compliance surveys was in fact present. However, given the new knowledge of that breathing shield no longer being acceptable, a different type of breathing shield was obtained and immediately placed in all Longwood at Oakmont vehicles used for resident transportation.

A quarterly audit will be conducted by the Longwood at Oakmont Security / Driver team. Copies of such will be maintained in the QAPI binder.

*Immediately - A designated staff person will check vehicles prior to transporting residents to ensure the first aid kit is present and it includes the required contents per regulation 2600.96a.
MS 4/10/17*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Niki Waugaman BSN, PCHA, CDP

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

Niki Waugaman - Director of Personal Care

Date *3/20/2017*

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(Date)

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(Date)

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Violation Report: 42990 - 01/23/2017 - Barry, Courney
PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The preadmission screening form, dated [redacted] 16, for resident #3 does not include a determination that the needs of the resident can be met by the services provided by the home.

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.

2600.224(a) The Department's Preadmission Screening Forms will be reviewed for completion by the Parkview Nursing Team, and then ongoing the 11-7 charge nurse will review all new ^{Forms} for completion on a monthly basis. Efforts of such will be maintained in the QAPI Binder. _n

The licensed team will be provided remediation regarding Preadmission Screening Forms as well other required forms to ensure that they are completing them thoroughly and accurately. The remediation / education will provided on Monday 3/20/2017 to all licensed staff members.

The home has determined the needs of resident #3 can be met by the services provided by the home. ms 4/18/17

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Niki Waughman BSN, PCHA, CNP*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Niki Waughman Director of Personal Care* Date *3-20-2017*

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Violation Report: 42990 - 01/23/2017 - Barry, Courtney
 PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER

WEST PHILADELPHIA FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 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

Resident #4 participated in the development of his/her support plan, dated 5/23/16; however, the resident did not sign the support plan and there was no notation that the resident refused to sign or was unable to sign the form.

Resident #5 participated in the development of his/her support plan, dated 10/5/16; however, the resident did not sign the support plan and there was no notation that the resident refused to sign or was unable to sign the form.

Resident #2's support plan, dated 5/11/16, was not signed by the assessor until 1/23/17.

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.

A notation has been made on the support plans for residents #4 and #5 indicating they have refused to sign the form. MS 4/18/17

2600.227(g) The Resident Assessment Support Plans (RASPs) will be reviewed for completion by the Parkview Nursing Team, and then ongoing the 11-7 charge nurse will review all RASPs for completion on a monthly basis. Efforts of such will be maintained in the QAPI Binder.

A designated nurse has been assigned RASP development for the Parkview building. She has been provided additional education regarding the RASP, and has completed a comprehensive review of the regulations associated with the RASP. On a weekly basis, she will be assigned a shift to review and complete the RASPs.

The licensed team will be provided remediation regarding Resident Assessment Support Plans as well other required forms to ensure that they are completing them thoroughly and accurately. The remediation / education will provided on Monday 3/20/2017 to all licensed staff members.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/31/2016
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Niki Waughman BSN, PCHA, CDP*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Niki Waughman - Director of Personal Care* Date *3-20-2017*

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PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION

Correction fluid was used on the date resident #1's undated medical evaluation was signed by a medical professional. The original date under the correction fluid was 1/16/17 and 4/2/16 was written over it.

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.

2600.251(b) All required forms, including the Documentation of a Medical Exam will be reviewed for completion by the Parkview Nursing Team, and then ongoing the 11-7 charge nurse will review all DMEs for completion on a monthly basis. Efforts of such will be maintained in the QAPI Binder. *Part of the review includes checking if correction fluid was used on any documents.*
The licensed team will be provided remediation regarding Documentation of a Medical Exams as well *MS 3/20/17* other required forms to ensure that they are completing them thoroughly and accurately. The remediation / education will provided on Monday 3/20/2017 to all licensed staff members.

A memo will be sent to the physician associated with the Longwood at Oakmont, regarding DME completion, and will be provided education regarding the regulations associated with them. *To include avoiding the use of correction fluid on residents' medical evaluations.* *MS 4/18/17*

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

Signature of Legal Entity Representative
(Required on EVERY Page) *WIKI WANGAMAN BSN, PCHA, CNP*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *WIKI WANGAMAN - Director of Personal Care* Date *3/20/2017*

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(Date)

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(Initials)

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- Not Implemented

RECEIVED

MAR 21 2017

Violation Report: 42990 - 01/23/2017 - Barry, Courtney
PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER

WEST VIRGINIA FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.251(c) - The home shall use standardized forms to record information in the resident's record.

2a. DESCRIPTION OF VIOLATION

The home does not use the Department's standardized assessment-support plan (RASP). The RASP used by the home does not contain a field to indicate the date in which the assessment is finalized nor the date in which the support plan is finalized.

The current RASP for resident #5, admitted [redacted] 3, indicates 10/5/16 as the date of the last assessment and date of the last support plan. The assessor signed and dated the form on 10/5/16. It appears the date included on the RASP is the date the form was finalized and not the date of the previously completed RASP.

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.

2600.251 (c) As a result of the conversation that was held with DHS representatives on 1/23/2017, our IT department changed the AOD form that is used as the RASP to contains a field to indicate /reflect the date in which the Resident Assessment and Support Plan are each finalized .

The Resident Assessment Support Plans (RASPs) will be reviewed for signatures and date completion by the Parkview Nursing Team, and then ongoing the 11-7 charge nurse will review all RASPs for signatures on a monthly basis. Efforts of such will be maintained in the QAPI Binder.

The licensed team will be provided remediation regarding Resident Assessment Support Plans as well other required forms to ensure that they are completing all appropriate signatures and dates. The remediation / education will provided on Monday 3/20/2017 to all licensed staff members.

*RASPs used by the home have been revised to include date of last assessment, date of last support plan, finalized date of current assessment and finalized date of current support plan ms 4/18/17
Immediately - All staff persons completing RASPs will be educated to the current revisions regarding the fields for dates. Documentation of training shall be kept. ms 4/18/17*

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Niki Waughman, BSN, PCHA, CDP*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Niki Waughman - Director of Personal Care* Date *3/20/2017*

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(Date)

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