



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 07 2017

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 inspection on February 9, 2017 and February 10, 2017 of the above facility, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes).

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

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

PCH Name: WESTMINSTER PLACE OF OAKMONT		License Number: 42962
Address: 1215 HULTON ROAD, OAKMONT, PA 15139		County: Allegheny
Administrator: Kathy Hammar		Region: WEST
Legal Entity Name: PRESBYTERIAN SENIOR CARE INC		
Legal Entity Address: 1215 HULTON ROAD, OAKMONT, PA 15139		RECEIVED
Certificate(s) of Occupancy 1-2 01/07/2015 Oakmont Borough		MAY 04 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 92	Working Staff: 69
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 02/09/2017: Knee, Donald; Quinn, Suzanne; Garvey, Jody 02/10/2017: Knee, Donald; Quinn, Suzanne		
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: 90 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: 1 Number of Hospice Residents in past year: 4		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 90 Have Mental Illness: 4 Have an Intellectual Disability: 1 Have a Mobility Need: 2 Have a Physical Disability: 0

RECEIVED

MAY 04 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 42962 - 02/09/2017 - Knee, Donald
PCH Name: WESTMINSTER PLACE OF OAKMONT

1. REGULATION 55 Pa.Code §2600
2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
On 2/9/17 at approximately 2:20 PM, there was a half-full, uncovered garbage can in bathroom #319A.

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.

On 2/9/17, an uncovered trashcan in #319A was replaced during the survey, as the trashcan lid was missing. No other trashcans were observed with a missing lid. A replacement trashcan with step-on pedal to open the attached lid was ordered on 2/21/2017 for back up replacement as needed.

To ensure trashcan lids are secured at all times, the administrator completed staff meetings by 2/19/17, to educate all staff to monitor and report any issues with bathroom and kitchen trashcans.

An audit completed 4/1/17, noted all bathroom and kitchen trashcans with secured lids. Findings were shared at the Quality Management meeting for review and/or further recommendations.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kathy Hammar, Administrator* Date *5/4/17*

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

The above plan of correction is approved as of 5/5/17
(Date)

Plan of correction implementation status as of 5/5/17
(Date)

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

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

FILED

MAY 04 2017

Violation Report: 42962 - 02/09/2017 - Knee, Donald
PCH Name: WESTMINSTER PLACE OF OAKMONT

WESTMONTGOMERY FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted on [redacted] 16 and the initial assessment is dated [redacted] 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.

Resident #1 was admitted on [redacted] 16, her initial assessment was dated [redacted] 16. The nurse completing the assessment miscalculated the completion due date which should have occurred by 4/13/16. A review of all initial RASP assessments completed 3/1/17, noted no others with miscalculated dates.

The administrator completed staff education by 2/19/17, regarding the regulation that a resident shall have a written initial assessment completed within 15 days of admission. To ensure the residents initial assessments are completed within the regulatory timeline; an Admission Forms Checklist has been developed for nursing to utilize at time of admission, as a tool to assist with tracking their resident assessment completion dates.

The completed checklists will be forwarded to the Administrator monthly for review and logged on the Resident Initial Assessment Audit Tracker x 3 months, then re-evaluated for further recommendations at the monthly Quality Management meeting.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Kathy Hammar

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

Kathy Hammar, Administrator

Date

5/4/17

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