



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 02 2017

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' annual licensing inspection on April 21, 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: 13256 - 04/21/2017 - Kazimer, Lauren
PCH Name: OAKWOOD RESIDENCE

1. REGULATION 55 Pa.Code §2600
2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
The personal care home does not have carbon monoxide detectors installed.

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 Carbon Monoxide detector is being installed in the boiler room with an annunciator in the nursing office. This detector will be hardwired. The detector will be inspected by Maintenance as per the manufacturer instructions. The Administrator will monitor to ensure compliance. *monthly JB*

Completion date: 5/31/17

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Noahn Feiler*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Noahn Feiler Administrator* Date *5/19/17*

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

The above plan of correction is approved as of *5/24/17*
(Date)

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

Plan of correction implementation status as of *5/31/17*
(Date)

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

Violation Report: 13256 - 04/21/2017 - Kazimer, Lauren
 PCH Name: OAKWOOD RESIDENCE

1. REGULATION 56 Pa.Code §2600
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

On 4/20/17, resident #1's Humalog insulin was opened and not dated. According to the manufacturer's instructions, Humalog pens must be discarded 28 days after opening.

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.

All Med Techs are to be inserviced on proper storage and dating of Humalog per manufacturer instructions including 28 day maximum storage of Humalog once opened.

Med Tech staff will audit cart weekly for proper storage and dating of Humalog.

D.O.N. or designee will audit cart monthly and will report results to Administrator.

Completion Date 5/31/17

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

Signature of Legal Entity Representative (Required on EVERY Page)	<i>And Zell</i>
--	-----------------

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Nochem Feder, Administrator</i>	<i>5/19/17</i>

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

The above plan of correction is approved as of 5/31/17
 (Date)

The above plan of correction was approved by *AB*
 (Initials)

Plan of correction implementation status as of 5/31/17
 (Date)

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

Violation Report: 13256 - 04/21/2017 - Kazimer, Lauren
 PCH Name: OAKWOOD RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
 - Resident #2's Senna 8.6mg was administered but not initialed by staff on 4/5/17 at 8pm.
 - Resident #3's Morphine Sulfate 15mg was signed out on the narcotic count sheet but not initialed on the MAR on the following days: 4/8/17, 4/14/17, and 4/18/17 at 8pm.

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.

All Med Techs are to be inserviced on requirement to properly document administration of medications on the MARs.
 Staff will audit MARs for missing signatures each shift and communicate discrepancies to the D.O.N.
 D.O.N. or designee will do random audits monthly will report results to Administrator.

Completion Date 5/31/17

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)

Nochum Feder Administrator

Date 5/19/17

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

The above plan of correction is approved as of 5/31/17
 (Date)

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

Plan of correction implementation status as of 5/31/17
 (Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 13256 - 04/21/2017 - Kazlmer, Lauren
 PCH Name: OAKWOOD RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION
 The "Social and Recreation Needs" section of resident #3's support plan, dated 3/20/17, is not completed.

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 # 3's Social & Recreational Needs section of ■ support plan was completed.
 Appropriate staff will be inserviced on completing all sections of the support plan as required.
 Administrator or designee will review support plans monthly to ensure compliance.

Completion Date: 5/31/17

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) *Noah Felner Administrator* Date *5/19/17*

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

The above plan of correction is approved as of 5/31/17
 (Date)

Plan of correction implementation status as of 5/31/17
 (Date)

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

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

Violation Report: 13256 - 04/21/2017 - Kazimer, Lauren
 PCH Name: OAKWOOD RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2a. DESCRIPTION OF VIOLATION
 The home did not make a notation regarding resident #3's refusal or inability to sign their support plan dated 3/20/17.

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.

Resident # 3 signed support plan.

Med-Tech Staff will be inserviced to ensure that either resident signs the support plan or if refuses or is unable to sign a notation is documented.

Administrator or designee will review support plans monthly to ensure compliance.

Completion date: 5/31/17

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

Signature of Legal Entity Representative (Required on EVERY Page) *Nochun Feder*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *M Jee Administration* Date *5/19/17*

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

The above plan of correction is approved as of 5/31/17
 (Date)

Plan of correction Implementation status as of 5/31/17
 (Date)

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

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