



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 07 2017

Mr. Paul Peterson,
Executive Director
Longwood at Oakmont, Inc.
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 June 5, 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: 44139
Address: 500 ROUTE 909, VERONA, PA 15147		County: Allegheny
Administrator: Nicole Waugaman		Region: WEST
Legal Entity Name: LONGWOOD AT OAKMONT INC		
Legal Entity Address: 500 ROUTE 909, VERONA, PA 15147		RECEIVED
Certificate(s) of Occupancy C-2 LP 12/02/1998 Labor and Industry		AUG 11 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 20	Waking Staff: 15
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
06/05/2017: Roser, Ashley; Hoover, Josh		
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: 40 Number of Residents Served: 19 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: 2	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 19 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 1 Have a Physical Disability: 0	

Violation Report: 44139 - 06/05/2017 - Roser, Ashley
 PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER

WEST BIRMI... 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

The home's most recent license inspection summary, dated 7/13/16, was not posted in a conspicuous and public place.

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.

Immediate compliance was obtained by reposting the license on the first floor bulletin board, and by placing a second copy in the emergency evacuation book. the location is posted in the first floor common area
 To continue to maintain compliance the following will be done :
 An additional copy of the license has been posted behind a locked glass case.
 Weekly monitoring will be done by administrator to ensure a current copy of the license is posted.
 Staff education was provided at the team meetings on 8/7- 8/8 .
 Resident education was provided at the Brookwood resident council on 8/10.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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	Date 8/11/2017
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of <u>8/22/17</u> (Date)	Plan of correction implementation status as of <u>8/22/17</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>[Signature]</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

AUG 11 2017

Violation Report: 44139 - 08/05/2017 - Roser, Ashley
PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER

WEST VIRGINIA FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill record for the fire drill conducted on 12/9/16 does not include the time of the drill or the amount of time it took to evacuate.

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 transcription error occurred when the log was completed. The log was updated upon discovery of such.
To prevent further like errors the following will be done:
The fire log will be reviewed monthly by both maintenance and personal care to ensure accurate information is recorded.
All fire drill records will be maintained by the personal care administrative assistant.

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 Date 8/11/2017

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

Violation Report: 44139 - 06/05/2017 - Roser, Ashley
PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER

WEST MICHIGAN FIELD OFFICE
Huron Campus Community

1. REGULATION 55 Pa.Code §2600
2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

2a. DESCRIPTION OF VIOLATION
Resident #1 self-administers a Ventolin Inhaler; however, has not been assessed by a physician, physician's assistant or certified registered nurse practitioner as capable of self-administering medications. Also, the resident's assessment, dated 11/4/16, indicates the resident cannot self administer medications.

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 Ventolin inhaler has been removed with the residents approval until the PCP returns to re-evaluate the resident for the ability to self-administer Ventolin Inhaler.
Once the assessment has been completed, the RASP and DME will be updated appropriate. To prevent further issues with this area, the following will be completed by August 25, 2017:
Staff education will be provided during stand up the week of 8/14/2017.
All DME & RASPS will be reviewed for inconsistency the week of 8/14/2017
Any resident whos DME / RASP indicates inconsist information will be brought to the PC care team and PCP for review and evaluation upon discovery.
The DMEs and RASPS will be updated with the appropriate information.
Quarterly QA monitoring measures will be taken to ensure information is correct on both documents.
QA meeting will review concerns related to this during routine scheduled meetings
Staff / Physican education will provided as neccessary

Resident #1 was assessed by a physician on 8/11/17 and able to self-administer his/her Ventolin inhaler

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 Date 08/11/2017

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Violation Report: 44139 - 06/05/2017 - Roser, Ashley
PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER

WEST BUCKLEY 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 #2's assessment, dated 3/13/17, indicates the resident cannot self-administer medications; however, it also indicates the resident can self-administer medications with assistance in offering medications at prescribed times.

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.

Immediately following the inspection, this issue was reviewed with the licensed team members of Brookwood. Education was provided during team member meetings during the week of 8/7/17. Physician education has been provided with Longwood at Oakmont physicians regarding this regulation.

To prevent further issues with this regulation the following will be done:

All DME / RASPS will be reviewed for consistency

Any residents DME / RASP that contain inconsistent information will be reviewed with the PCP and the license team for evaluation and appropriate steps.

The DME / RASP will be updated to reflect the current information

Quarterly QA measures will be taken in the form of an audit to ensure this type of error doesn't reoccur.

QA Team will review this area during routine scheduled QA meetings.

Ongoing education will be provided to team members and physicians.

Resident #25 assessment was updated on 8/15/17 to indicate the resident cannot self-administer medications. L

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 Date 8/11/2017

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Plan of correction implementation status as of 8/22/17 (Date)

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

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