



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

FEB 23 2018

Mr. Paul M. Winkler  
CEO/President  
Presbyterian Senior Care, Inc.  
1215 Hulton Road  
Oakmont, Pennsylvania 15139

RE: Woodside Place of Oakmont  
Certificate #: 429730

Dear Mr. Winkler:

As a result of the Department of Human Services' annual licensing inspection on November 28, 2017 and December 4, 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](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.

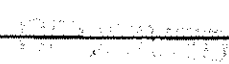

Sincerely,

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: WOODSIDE PLACE OF OAKMONT		License Number: 42973
Address: 1215 HULTON ROAD, OAKMONT, PA 15139		County: Allegheny
Administrator: MELISSA TOMKO		Region: WEST
Legal Entity Name: PRESBYTERIAN SENIOR CARE INC		
Legal Entity Address: 1215 HULTON ROAD, OAKMONT, PA 15139		
Certificate(s) of Occupancy C-2 LP 08/04/1991 L & I		 JAN 02 2018 
Staffing Hours		
Resident Support: 0	Total Daily Staff: 74	Working Staff: 56
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 11/29/2017: Georgoulis, Karen; Culler, Jan 12/04/2017: Georgoulis, Karen; Culler, Jan		
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: 37 Number of Residents Served: 37 Secured Dementia Care Unit in Home: Yes Area: Entire Building Secured Dementia Unit Capacity, If Applicable: 37 Number of Residents Served In Secured Dementia Care Unit, If applicable: 37 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 1	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 37 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 37 Have a Physical Disability: 0	

JAN 02 2018

Violation Report: 42973 - 11/29/2017 - Georgoulis, Karen  
PCH Name: WOODSIDE PLACE OF OAKMONT

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

According to the Influenza Awareness Act standards of July 2016, requires homes to post a copy of the Influenza Awareness Poster in a public and conspicuous place. However, on 12/4/17, a copy of the Influenza Awareness Poster was not posted in 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.

1. On 12/4/17, the administrator went to the DHS website and printed colored copies of the Influenza Awareness Poster.
2. The posters were hung by the administrator, on 12/4/17 in the bulletin board for visitors and Residents, in our visitor information binder, and at our time clock for our team members.
3. The administrator will check the DHS site monthly for any changes.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Melissa J. Tomko*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Melissa Tomko Administrator* Date *12/22/17*

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

<p>The above plan of correction is approved as of <u>1-4-18</u> (Date)</p> <p>The above plan of correction was approved by _____ (Initials)</p>	<p>Plan of correction implementation status as of <u>1-4-18</u> (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress ✓</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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Violation Report: 42973 - 11/29/2017 - Georgoulis, Karen  
 PCH Name: WOODSIDE PLACE OF OAKMONT

**1. REGULATION 55 Pa.Code §2600**

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

**2a. DESCRIPTION OF VIOLATION**

Direct care staff person A did not receive training in the required training topics during the 2016 training year (1/1/16 - 12-31-16) as follows:

- \* Medication self-administration.
- \* Instruction on meeting needs as outlined in preadmission and medical evaluation.

**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. A new e-learning website was developed for team members including annual training for Personal Care Attendants.
2. Personal Care attendants have begun training this week and will complete by 1/5/17.
3. Please see content attached.
4. Administrator will print reports weekly to monitor progress and completion.
5. This training will be completed on a yearly basis.
6. This training will also be added to the training plan.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Melissa J Tomko*

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

Melissa Tomko

Date

12/22/17

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 (Date)

Plan of correction implementation status as of 1-4-18  
 (Date)

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

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

Violation Report: 42973 - 11/29/2017 - Georgoulis, Karen  
PCH Name: WOODSIDE PLACE OF OAKMONT

1. REGULATION 55 Pa.Code §2600

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

The egress route from the home into the secured courtyard to the gazebo, which is the designated meeting place, has a magnetic locking system on the gate past the gazebo to the left. However, there is no key pad or other device to unlock the gate in the event of an emergency.

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. On 12/29/17, Maintenance director, contacted vendor about pricing of keypad for gate in the courtyard.
2. On 12/26/17, a bid was received for keypad and ordered. Please see bid and specs attached.
3. Installation will occur no later than January 31<sup>st</sup> 2018. by Maintenance team.
4. The code for the gate will be the same as the secured doors for easier accessibility for team members.
5. The maglock on gate will continue to work with the fire system and automatically unlock with fire alarm activation.
6. All trainings with the team will be held by administrator within 2 weeks of installation.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Melissa Tomko, Administration	12/22/17

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Violation Report: 42973 - 11/29/2017 - Georgoulis, Karen  
PCH Name: WOODSIDE PLACE OF OAKMONT

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 home's fire drill record does not indicate the amount of time to evacuate all residents. The home's fire drill record only indicates the time of evacuation from the simulated fire area.

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. The fire drill log was updated for Woodside Place by Administrator and maintenance team. Please see attached.
2. Team education began on 12/22/17. Please see attached forms for education.
3. Team education provided by Administrator and Maintenance Director for maintenance team and Woodside Place team members.
4. Education will be completed within one week and ongoing for all new hires.
5. First fire drill with new form completed on 12/22/17 with a time (evacuation) of 3 minutes and 36 seconds

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Melissa Tomko, Administrator	12/22/17

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Violation Report: 42973 - 11/29/2017 - Georgoulis, Karen  
PCH Name: WOODSIDE PLACE OF OAKMONT

1. REGULATION 55 Pa.Code §2600

2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #1 was prescribed Lorazepam 0.5mg tablet, take one tablet one hour before dental appointments. However, this medication stored in the medication cart for this resident expired on 8/23/17.

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.

1. On 12/4/17, the medication was immediately disposed of properly by nursing shift leader.
2. Clinical Coordinator began education of expired medications on 12/22/17. Please see attached.
3. Education will be completed by nursing and medication technicians by 12/29/17
4. All medications will be checked by Clinical Coordinator and pharmacy consultant monthly. Please see audit form attached.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Melissa J Tomko*

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

Melissa Tomko, Administrator

Date 12/22/17

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K  
(Initials)