



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAY 04 2018

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

RE: Westminster Place of Oakmont  
Certificate #: 429620

Dear Mr. Winkler:


As a result of the Department of Human Services' annual licensing inspection on January 8, 2018, January 9, 2018 and March 5, 2018, 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,

  
Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

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

PCH Name: WESTMINSTER PLACE OF OAKMONT		Licenso Number: 42982
Address: 1216 HULTON ROAD, OAKMONT, PA 15139		County: Allegheny
Administrator: Kathy Hammar		Region: WEST
Legal Entity Name: PRESBYTERIAN SENIOR CARE INC		<b>RECEIVED</b>
Legal Entity Address: 1216 HULTON ROAD, OAKMONT, PA 15139		
Certificate(s) of Occupancy		FEB 14 2018
I-2 07/07/2015 Borough of Oakmont	I-1 12/09/2011 Borough of Oakmont	WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: N/A	Total Daily Staff: 98	Working Staff: 72
Type of Inspection: Full	BHA Docket Number: N/A	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 01/08/2018: Park, Beth; Rahuba, Mall 01/09/2018: Park, Beth; Rahuba, Mall; Bartlett, Patricia		
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 who:	
Number of Residents Served: 93	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit In Home: No	Are 80 Years of Age or Older: 93	
Area:	Have Mental Illness: 1	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 1	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 3	
Number of Current Hospice Residents: 4	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 10		

Violation Report: 42882 - 01/08/2018 - Park, Beth  
PCH Name: WESTMINSTER PLACE OF OAKMONT

FEB 14 2018

1. REGULATION 56 Pa.Code §2600  
2800.85(a) - Sanitary conditions shall be maintained.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The glucometer belonging to resident #1 was used to measure the blood sugar levels of the following residents on the following dates and times:

- Resident #3 on 1/9/2018 at 8:34 AM
- Resident #3 on 1/7/2018 at 1:02 PM
- Resident #3 on 1/7/2018 at 8:21 AM
- Resident #3 on 1/6/2018 at 12:53 PM
- Resident #3 on 1/8/2018 at 8:14 AM
- Resident #3 on 1/5/2018 at 12:50 PM
- Resident #3 on 1/2/2018 at 6:07 PM
- Resident #3 on 1/2/2018 at 12:36 PM
- Resident #3 on 1/2/2018 at 8:16 AM
- Resident #3 on 1/1/2018 at 1:11 PM
- Resident #3 on 1/1/2018 at 8:17 AM
- Resident #2 on 1/9/2018 at 9:25 AM

The glucometer belonging to resident #3 was used to measure the blood sugar levels of the following residents on the following dates and times:

- Resident #1 on 1/7/2018 at approximately 7:00 AM
- Resident #1 on 1/6/2018 at approximately 4:00 PM
- Resident #1 on 1/8/2018 at approximately 7:00 AM
- Resident #1 on 1/5/2018 at approximately 7:00 AM
- Resident #1 on 1/4/2018 at approximately 11:00 AM
- Resident #1 on 1/3/2018 at approximately 4:00 PM
- Resident #1 on 1/3/2018 at approximately 11:00 AM
- Resident #1 on 1/3/2018 at approximately 7:00 AM
- Resident #1 on 1/2/2018 at approximately 7:00 AM
- Resident #1 on 1/1/2018 at approximately 4:00 PM
- Resident #1 on 1/1/2018 at approximately 11:00 AM
- Resident #1 on 1/1/2018 at approximately 7:00 AM
- Resident #2 on 1/4/2018 at approximately 8:00 AM
- Resident #2 on 1/4/2018 at approximately 4:00 PM
- Resident #2 on 1/3/2018 at approximately 8:00 AM
- Resident #2 on 1/3/2018 at approximately 11:00 AM

The glucometer belonging to resident #5 was used to measure the blood sugar levels of resident #4 on the following dates and times:

- 1/8/2018 at 7:00 AM
- 1/4/2018 at 5:00 AM

The glucometer belonging to resident #7 was used to measure the blood sugar level of resident #8 on 1/7/2018 at 7:41 AM.

The glucometer belonging to resident #8 was used to measure the blood sugar level of resident #7 on 1/8/2018 at 10:21 AM.

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.

\* SEE Page 3 of P8

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		Kathy Hamman	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
Kathy Hamman, Admin.		2-13-18	

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

Violation Report: 42002 - 01/08/2018 - Park, Both PCH Name: WESTMINSTER PLACE OF OAKMONT		FEB 14 2018	
1. REGULATION 65 Pa.Code §2600 2600.85(a) - Sanitary conditions shall be maintained.		WEST REGION FIELD OFFICE Human Services Licensing	
The above plan of correction is approved as of <u>3/26/18</u> (Date)	Plan of correction implementation status as of <u>3/26/18</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		

1. Regulation 2600.85(a) Sanitary conditions shall be maintained.

Immediate corrective action was initiated upon discovery during the inspection. The pharmacy was notified to send new glucometers for resident's #1, 3, 5, 7 and 8 on 1/9/2018. (See exhibit A) Upon receipt, each glucometer was individually labeled with the residents name and secured to maintain sanitary condition. The resident's previous glucometers were discarded.

Education began immediately by the certified medication trainer. All med trained team completed education by 1/30/18 regarding glucometer and supply use and the importance of not sharing supplies. Review of P & P included a handout for each team member; "Tips for safe use of Blood Glucose Testing, Including equipment and supplies" to increase their awareness for maintaining sanitary conditions with blood sugar testing and equipment. (See exhibits B.1-4)

To monitor, nursing conducted weekly audits x4 to ensure compliance. (See exhibit C.1-4) Findings were forwarded to the Administrator for review. Findings will be shared at the monthly Quality Management meetings for further recommendations as necessary to maintain compliance.

Kathy Hammar, ADMIN

2-13-18

Kathy Hammar

The residents' physicians were informed of the possibility of shared glucometer use on 1/11/18. [Signature]

Violation Report: 42082 - 01/08/2018 - Park, Both  
PCH Name: WESTMINSTER PLACE OF OAKMONT

FEB 14 2018

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE  
Human Services Licensing

2600.86(b) - A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

2a. DESCRIPTION OF VIOLATION

On 1/9/18 the exhaust system in the bathroom attached to bedroom #106 was not operable and there is no window in this bathroom.

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.

2. Regulation 2600.86(b) A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation

The exhaust fan for bedroom #106 was not fully operable. A work order was placed on 1/9/18 to correct the issue. (See exhibit D) Upon review, it appears that the vent needed cleaning and was corrected.

The administrator completed education on 1/30/18 (See exhibit H) to increase awareness for procedures related to notification and placing work orders.

For compliance, the Director of Maintenance completed a re-inspection on 1/15/18 and found that the fan is in working order. (See exhibit E.1-3) Results of the inspection will be shared at the monthly Quality Management meeting for review and/or further recommendations as necessary to maintain compliance.

Immediately and monthly thereafter: A designated staff person will check bathrooms to ensure each bathroom has either an operable outside window or an operable exhaust fan for ventilation. *pl. 3/26/18*

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Retha Hammar, Admin.*      Date *2-13-18*

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The above plan of correction is approved as of 3/26/18  
(Date)

Plan of correction implementation status as of 3/26/18  
(Date)

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

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

FEB 14 2018

Violation Report: 42982 - 01/08/2018 - Park, Delh  
 PCH Name: WESTMINSTER PLACE OF OAKMONT

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 56 Pa.Code §2800  
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION  
 On 1/8/18 at 10:00 AM, the freezer labeled "Gluten Free" in the kitchen attached to the dining room measured 10 degrees Fahrenheit.

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.*

3. Regulation 2600.103(f) Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Immediate corrective action was initiated upon discovery during the inspection, which included a setting adjustment. However, Maintenance took the freezer out of service on 1/9/18 for repairs (See exhibit F) when temps remained above 0°F. A valve plate and coupling was needed to correct the issue. The freezer parts were installed and working as needed to maintain temps within acceptable range. (See exhibit F.1)

The Dining Services Supervisor completed education (Exhibit G) for dining team members on 2/6/18, regarding procedures of alerting the supervisor if a freezer temp goes above 0°F. In addition, the Temperature Log for daily recording has been modified to note corrective action needs column for reporting of concerns. (See exhibit G.1)

The Dining Services Supervisor will review the monthly temperature control log to identify any issues. Any concerns shall be forwarded to the Administrator for review. Findings will be shared at the monthly Quality Management meetings for further recommendations as necessary to maintain compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) Kathy Hamman

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Kathy Hamman, Admin</u>	Date <u>2-13-18</u>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>3/26/18</u> (Date)	Plan of correction implementation status as of <u>3/26/18</u> (Date)
The above plan of correction was approved by <u>JH</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>JH</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

FEB 14 2018

Violation Report: 42967 - 01/08/2018 - Park, Both  
 PCH Name: WESTMINSTER PLACE OF OAKMONT WEST REGION FIELD OFFICE

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  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION  
 The following discontinued medications, prescribed to resident #6, were present in the medication cart on 1/9/2018:  
 \* Amlodarone 200 mg tablets, discontinued on 8/28/2017  
 \* Docusate Sodium 100 mg tablets, discontinued on 11/25/2017  
 \* Calcium 600 mg plus D, discontinued on 11/22/2017

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.*

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

The discontinued medications for Resident # 6 were pulled for the medication cart on 1/9/18 and wasted as per protocol.

All nurses and Lead med techs were educated by the certified medication trainer by 1/30/18 regarding procedure for pulling medications from the med cart upon physician's orders for discontinuation. (See exhibit H)

For compliance, nursing will conduct monthly audits x3 to monitor. (See exhibits H.1, I) Audits will be forwarded to the Administrator for review. Findings will be shared at the monthly Quality Management meetings for further recommendations as necessary to maintain compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) Kathy Hammer

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Kathy Hammer, Admin</u>	Date <u>2-13-18</u>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>3/26/18</u> (Date)	Plan of correction implementation status as of <u>3/26/18</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>JM</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42962 - 01/08/2018 - Park, Beth  
PCH Name: WESTMINSTER PLACE OF OAKMONT

FEB 14 2018

1. REGULATION 65 Pa.Code §2600  
2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:  
(1) The resident's name.  
(2) The name of the medication.  
(3) The date the prescription was issued.  
(4) The prescribed dosage and instructions for administration.  
(5) The name and title of the prescriber.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION  
Resident #6 is prescribed Humalog Insulin 100 u/ml, administer subcutaneously 3 times per day with meals per sliding scale as follows:  
<70 - Nollly MD  
70-199 - 0 units  
200-249 - 2 units  
250-299 - 4 units  
300-349 - 6 units  
350-399 - 8 units  
400-449 - 10 units  
>450 - 12 units and call MD  
However, the pharmacy label indicates the following sliding scale:  
<250-0 units  
251-300 - 1 unit  
301-350 - 3 units  
351-400 - 5 units  
>400 - call MD

5. Regulation 2600.184.g

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Resident # 6 prescribed Humalog insulin did not have the complete sliding scale as ordered. It appears that part of the sliding scale numbers was missing when the re-order tag was pulled from the bottle. Nursing placed a sticker on the insulin bottle for staff to "reference the PCP Instructions" until the new bottle was obtained.

Education by the certified medication trainer was completed by 1/30/18 (see exhibit H) for all nursing and med tech team members that are certified to administer insulin. Nursing will inspect all insulin bottles when delivered to ensure that the complete instructions are listed on the pharmacy label and corresponds to the physicians order. In addition, nursing will inspect the insulin bottle after a re-order sticker is removed to ensure the instructions are intact.

To monitor, nursing will conduct monthly audits x3 to ensure compliance. (See exhibit I) Audits will be forwarded to the Administrator for review. Findings will be shared at the monthly Quality Management meetings for further recommendations as necessary to maintain compliance.

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *KATHY HAMMAN, Admin*      Date *2-13-18*

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The above plan of correction is approved as of 3/26/18  
(Date)

Plan of correction implementation status as of 3/26/18  
(Date)

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

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

FEB 14 2018

Violation Report: 42962 - 01/08/2018 - Park, Beth  
PCH Name: WESTMINSTER PLACE OF OAKMONT

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

The glucometers belonging to residents #3, #6 and #7 are not calibrated to the correct date and time.

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*

6. Regulation 2600.185(a) The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medication and medical equipment by trained staff persons.

The new glucometers for resident's #, 3, 6, and 7 were set up and calibrated to the correct date and time. (See exhibit K)

All med trained team members completed education by the certified medication trainer by 1/30/18 regarding procedures to calibrate the glucometer for accurate dates and times. (See exhibit H)

To monitor, nursing will conduct monthly audits x3 for compliance. (See exhibit L) Audits shall be forwarded to the Administrator for review. Findings will be shared at the monthly Quality Management meetings for further recommendations as necessary to maintain compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Kathy Hamman*

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

*Kathy Hamman, Admin*

Date

*2-13-18*

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The above plan of correction is approved as of

*3/26/18*  
(Date)

Plan of correction implementation status as of

*3/26/18*  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *PH*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

*PH*  
(Initials)