



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JUN 21 2018

Ms. Nicole Waugaman  
Director  
Longwood at Oakmont, Inc.  
500 Route 909  
Verona, Pennsylvania 15147

RE: Longwood at Oakmont  
Personal Care Center  
Certificate #: 429900

Dear Ms. Waugaman:

As a result of the Department's Bureau of Human Services Licensing annual inspection on January 23, 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,

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: 42990
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		<b>RECEIVED</b>
Certificate(s) of Occupancy C-2 LP 12/02/1998 PA L&I		MAY 11 2018 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 3	Total Daily Staff: 35	Waking Staff: 26
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 01/23/2018: Georgoulis, Karen; Park, Beth		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers: N/A		Random Indicators: N/A
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 40 Number of Residents Served: 29 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: 4 Number of Hospice Residents in past year: 10	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 29 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 3 Have a Physical Disability: 1	

Violation Report: 42990 - 01/23/2018 - Georgoulis, Karen  
 PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER  
 WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
 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  
 The temperature of the ice cream freezer in the serving kitchen measured 5 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.

Plan of Correction – 2600.103(f) – The ice cream freezer will be serviced by the vendor to ensure that it is working properly.

The freezer temperatures will be monitored and recorded three times a day to ensure that the freezer is the proper temperature throughout the day. If the temperature is not within the appropriate range, the items will be removed and placed an alternate freezer with proper functioning thermostat, and the freezer will be serviced or replaced.

Dining services will provide education on an ongoing basis to the dining services team to ensure compliance with temperature monitoring and why it is necessary by 5/31/2018.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Nicole Naugaman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nicole Naugaman</i>	Date <i>05-09-2018</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5.14.18</u> (Date)	Plan of correction implementation status as of <u>5.14.18</u> (Date)
The above plan of correction was approved by <u><i>N</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42990 - 01/23/2018 - Georgoulis, Karen  
PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER

WEST REGION FIELD OFFICE  
Human Services Licensing

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 is prescribed lubricant eye drops 0.5% - two drops each eye twice daily. The medication was opened on 12/13/17. The manufacturer's instructions indicate the medication expires in 28 days. The medication was present in the medication cart.

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.

Plan of correction – 2600.183(d) – Immediately following the annual survey, the medication carts were audited for expiration dates, and any items out of compliance were removed, and where replaced.

Education was provided to the entire PC team at our monthly meeting on 2/22/2018 regarding expiration dates. A document containing bottled medication, liquid medications, inhalers, insulin, eye drop expiration dates was reviewed, provided to each team member, and posted in each nurse's station, and placed in each med cart for easy reference.

Moving forward to prevent a like issue, weekly medication carts audits will be completed by our LPN & RN team on 11-7. Please see attached form.

Additional audits will be completed on a monthly basis by Mission Pharmacy.

A LPN team is looking at process for further process improvement in this area.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Nicole LaSaucannon*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Nicole LaSaucannon*      Date: *05-09-2018*

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

The above plan of correction is approved as of 5-14-18  
(Date)

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

Plan of correction implementation status as of 5-14-18  
(Date)

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