



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: May 8, 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 of Human Services' licensing inspection on 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.

Sincerely,

A handwritten signature in black ink that reads "Larry Mazza".

Larry Mazza
Human Services Licensing Supervisor

Enclosure
Licensing 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: Niki Waugaman		Region: WEST
Legal Entity Name: LONGWOOD AT OAKMONT INC		
Legal Entity Address: 500 ROUTE 909, VERONA, PA 15147		
Certificate(s) of Occupancy C2 LP 12/02/1998 L&I		RECEIVED APR 12 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 22	Waking Staff: 17
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 03/05/2018: Marini, Michael		
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: 49 Number of Residents Served: 21 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: 21 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 1 Have a Physical Disability: 1	

Niki Waugaman BSN, RCHA, CDP

4/12/2018

APR 12 2018

Violation Report: 42990 - 03/05/2018 - Marini, Michael
 PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER

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

Resident #1 is prescribed, Novolog insulin-100 u/ml-Inject 16 units sub-q with breakfast, 14 units sub-q with lunch and 20 units sub-q with dinner. In addition, the resident is also prescribed accuchecks 3 times a day and additional Novolog insulin 100u/ml is to be administered in accordance with the following sliding scale: 70-150=0 units; 151-200=2 units; 201-250=4 units; 251-300=6 units; 301-350=8 units; 351-400=10 units; >400=12 units and call MD.

The straight order of insulin and sliding scale order of insulin are indicated as separate entries on the resident's February 2018 medication administration record (MAR); however, staff members are recording the number of units of insulin administered from the sliding scale in conjunction with the straight order, to include the following:

Date	Blood Sugar reading	Units administered per sliding scale	Dosage recorded on MAR (Units)
* 2-1-18 at 8:00 AM	166	2	18
* 2-3-18 at 8:00 AM	228	4	20
* 2-4-18 at 8:00 AM	262	6	22
* 2-1-18 at 12:00 PM	241	4	18
* 2-3-18 at 12:00 PM	254	6	20
* 2-4-18 at 12:00 PM	261	6	20
* 2-13-18 at 5:00 PM	427	12	32
* 2-14-18 at 5:00 PM	234	4	24
* 2-15-18 at 5:00 PM	326	8	28

Regulation 2600.185(a)

All medication administration staff will complete a refresher diabetic education class by May 9th.

Team members will be educated on the importance of documentation concerns related to insulin and sliding scales. Team members will be educated on documenting the sliding scale dose and the routine insulin dose separately as written in the MAR.

A RN will audit the resident MARs weekly to ensure that the proper documentation is occurring x 3 months then quarterly as part of QAPI measures.

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 04/12/2018

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

The above plan of correction is approved as of <u>4/12/18</u> (Date)	Plan of correction implementation status as of <u>4/12/18</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 <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

APR 12 2018

Violation Report: 42990 - 03/05/2018 - Marini, Michael
 PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed, Novolog insulin-100 u/ml-Inject 16 units sub-q with breakfast, 14 units sub-q with lunch and 20 units sub-q with dinner. In addition, the resident is also prescribed accuchecks 3 times a day and additional Novolog insulin 100u/ml is to be administered in accordance with the following sliding scale: 70-150=0 units; 151-200=2 units; 201-250=4 units; 251-300=6 units; 301-350=8 units; 351-400=10 units; >400=12 units and call MD.

On 2-9-18 at 5:00 PM, resident #1's blood sugar was 319 and 8 units of Novolog should have been administered, in addition to the 20 units of Novolog from the straight order, totaling 28 units. However, staff person A administered 108 units of insulin to the resident.

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.

Regulations 2600.187(d)

Resident was sent to the emergency room for further evaluation and treatment. All directives and orders upon discharge have been followed accordingly.

Staff person A was immediately removed from medication administration responsibilities, and transferred to another division of the company that does not required medication administration.

All medication administration staff will complete a refresher diabetic education class by May 9th. A hand out will be provided to all team members regarding reading the insulin label.

Moving forwards, all insulin dosages will be verified with two medication and insulin trained team members prior to being administered to a resident as part of QAPI measures.

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 04/12/2018

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The above plan of correction is approved as of 4/12/18
 (Date)

Plan of correction implementation status as of 4/12/18
 (Date)

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

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