



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 13 2018

Ms. Nicole Waughman
Director of Personal Care
Longwood at Oakmont
500 Route 909
Verona, Pennsylvania 15147

RE: Longwood at Oakmont
Personal Care Center
Certificate #: 441390

Dear Ms. Waughman:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 21, 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.

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 12/02/1988 PA L&I		JUN 29 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 22	Waking Staff: 17
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 05/21/2018: Georgoullis, Karen; Barry, Courtney		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers: N/A		Random Indicators: N/A
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 40	Number of Residents who:	
Number of Residents Served: 22	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 22	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 2	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 4		

Nicole Waugaman
06-29-18

Violation Report: 44139 - 05/21/2018 - Georgoullis, Karen
PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER

HUMAN SERVICES LICENSING OFFICE

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

House Bill No. 1785, The Influenza Awareness Act 2016, requires that preparation and publication of information relating to the influenza vaccine is posted in a public place in the facility year-round. On 5/21/18 the Influenza Awareness information 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.

2600.18 – The information regarding Influenza vaccines was reposted upon discovery that it was missing. In an effort to ensure that the information is not misplaced in the future, we have added QAPI rounds that will be done by the administrative assistant on a weekly basis, that includes confirming and if needed replacing the required documents to meet House Bill 1785. Team Members were provided education on this issue through are shift change stand ups, and at our bi-monthly team meetings.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

Nicole Tabucaman RSN, PCHA CAP Director of Personal Care
Date: *6-29-18*

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

The above plan of correction is approved as of

7-5-18
(Date)

Plan of correction implementation status as of

7-5-18
(Date)

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

The above plan of correction was approved by

[Handwritten Initials]
(Initials)

Violation Report: 44139 - 05/21/2018 - Georgoulis, Karen
PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER

WEST REGION FIELD OFFICE
Human Services Division

1. REGULATION 55 Pa.Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

The week in advance menu 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.

2600.162(c) – The menu was posted upon discovery that it was missing. Moving forward, QAPI rounds will be completed by the administrative assistant on a weekly basis to ensure that the menu for the upcoming week is also posted in a timely fashion, and if missing the menu will be reposted upon discovery to ensure regulatory compliance. Team Members were provided education on this issue through are shift change stand ups, and at our bi-monthly team meetings

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

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

Printed Name and Title of Legal Entity Representative Director of Personal Care
(Required on EVERY Page) *Nicole Talavancourt BSN-RD-PAHA* Date *6-29-18*

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

The above plan of correction is approved as of 7-5-18
(Date)

Plan of correction implementation status as of 7-5-18
(Date)

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

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

Violation Report: 44139 - 05/21/2018 - Georgoulis, Karen
PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER

WEST REGION FIELD OFFICE
[PHILADELPHIA REGIONAL CENTER]

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 Milk of Magnesia 1200mg/15ml – take 30ml by mouth ta bedtime as needed. The medication was discontinued on 3/1/18. However, the medication was still 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.

2600.183(d) – The 11-7 licensed nursing team completed an audit of all med carts in Personal Care on their next scheduled shift following our annual survey, and they will continue the carts in personal care on a monthly basis. Additionally, we had our pharmacy, complete an audit of the med carts in personal care, and they will audit the med carts on a bi-monthly basis. Education has been provided to all med passers regarding removing discontinued medications.

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

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

Printed Name and Title of Legal Entity Representative *Nicole Waughman BSN, RCHA, CDE* Director of Personal Care
(Required on EVERY Page) Date *6-29-18*

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(Date)

Plan of correction implementation status as of 7-5-18
(Date)

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

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

JUN 29 2018

Violation Report: 44139 - 05/21/2018 - Georgoulis, Karen
PCH Name: LONGWOOD AT OAKMONT PERSONAL CARE CENTER

EAST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 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.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Miralax 17gm once a day – dissolve in 8oz of water. However, the medication label indicated "PRN".

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.

2600.184(a) - The 11-7 licensed nursing team completed an audit of all med carts in Personal Care on their next scheduled shift following our annual survey, and they will continue the carts in personal care on a monthly basis. Additionally, we had our pharmacy, complete an audit of the med carts in personal care, and they will audit the med carts on a bi-monthly basis. Education has been provided to all med passers regarding having the MAR and label matching the physician order, proper application of change of order stickers on medication cards. A new procedure has been put in place that has a higher level of involvement with the RN & LPN team to ensure medication cards and the Emars match. (Please see attached)

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
(Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative, Director of Personal Care
(Required on EVERY Page) *Nicole Muhammad BSN, PCHA, CIP* Date *6-29-18*

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(Initials)