



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAILING DATE: January 7, 2019

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's Bureau of Human Services Licensing inspection on October 26, 2018 and October 31, 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, appearing to read "Janine Wenzig".

Janine Wenzig
Human Services Licensing Supervisor

Enclosure
Licensing 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		RECEIVED DEC 27 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 74	Waking Staff: 56
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site		
10/26/2018: Hoover, Josh; Flinner-Alman, Lisa		
10/31/2018: Hoover, Josh; Flinner-Alman, Lisa		
Off-Site Inspection Dates and Inspectors, if Applicable		
10/23/2018: Hoover, Josh		
10/29/2018: Hoover, Josh		
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: Woodside Place Secured Dementia Unit Capacity, if Applicable: 37 Number of Residents Served in Secured Dementia Care Unit, if applicable: 37 Number of Current Hospice Residents: 3 Number of Hospice Residents in past year: 5	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 37 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 37 Have a Physical Disability: 0	

Violation Report: 42973 - 10/23/2018 - Hoover, Josh
PCH Name: WOODSIDE PLACE OF OAKMONT

1. REGULATION 55 Pa.Code §2600
 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION
 On 9/1/2018, staff persons A, B, and C suspected sexual abuse of resident #1 by the resident's paramour. The home's administrator, staff person D, was notified immediately by telephone; however, the home did not report this incident to the Department until 9/4/2018.

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.

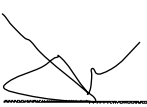
1. Effective immediately, the administrator or shift leader will report all suspected abuse immediately to the local area agency on aging.
2. The team will be educated on mandatory reporting requirements on January 22nd at 10:00am through a webinar by the Area Agency on Aging.
3. The team will also receive a memo with important steps to take when witnessing alleged abuse that will need signed and returned by January 11th. This form will also be used for all contracted team members on an ongoing basis. (Please see form attached)
4. Effective immediately, DHS will be notified within 24 hours of the incident by the administrator or shift leader.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Melissa Tomko, Administrator</i>	Date <i>12/27/18</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>01/03/19</u> (Date) The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>01/03/19</u> (Date) <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
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Violation Report: 42973 - 10/23/2018 - Hoover, Josh
 PCH Name: WOODSIDE PLACE OF OAKMONT

1. REGULATION 55 Pa.Code §2600
 2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION
 On 9/1/2018, staff persons A, B, and C suspected sexual abuse of resident #1 by the resident's paramour. The home's administrator, staff person D, was notified immediately by telephone; however, the home did not report this incident to the local Area Agency on Aging until 9/4/2018.

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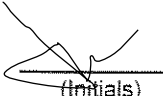
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 (Required on EVERY Page) *Melissa Tomko*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Melissa Tomko, Administrator* Date *12/27/18*

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