



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 23 2019

Mr. Paul M. Winkler
Chief Executive Officer/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 annual inspection on November 20, 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 citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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: 42973 - 11/20/2018 - Garrigan, Laurie
 PCH Name: WOODSIDE PLACE OF OAKMONT

1. REGULATION 55 Pa.Code §2600
 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION
 The home's fire drill records for the following fire drills include the count of residents who participated in the fire drills from the home's adult day care, so it is unable to be determined if all the personal care residents participated.

Date	Time
9/18/18	8:57 a.m.
6/20/18	2:55 p.m.
3/23/18	12:46 p.m.
12/22/17	12:58 p.m.

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.

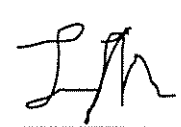
- A new fire drill report was developed by the Maintenance Director and the Administrator on Tuesday, December 18th changing the following: (please see new form attached)
 - Changed number of Residents to Number of Residents in PC (personal care) and a separate line stating number of participants in ADS (adult day services) Also matching two separate areas for evacuation for both residential and adult day services.
 - Added evacuation route used with abbreviations to circle which ones were used during the fire drill and a key code so everyone understands the abbreviations.
- Education will be provided to the Maintenance and Woodside Place Team the first two weeks of January (January 2nd- January 16th) on the new fire drill report form and the importance. (Please see education sheet provided)

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/29/2017 et al
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Melissa J Tomko*

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

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

The above plan of correction is approved as of <u>12/31/18</u> (Date)  The above plan of correction was approved by _____ (Initials)	Plan of correction implementation status as of <u>12/31/18</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>LM</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 42973 - 11/20/2018 - Garrigan, Laurie
 PCH Name: WOODSIDE PLACE OF OAKMONT

1. REGULATION 55 Pa.Code §2600
 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The home's maximum safe evacuation time as indicated by a fire safety expert is 6 minutes and 0 seconds. However, the evacuation time for the fire drill conducted on 2/22/18 at 1:23 a.m. was conducted in 7 minutes.

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. On 2/22/18, a fire drill was conducted at Woodside Place at 1:23am. With 4 personal care assistants, it took 7 minutes to evacuate our Residents.
2. When the fire drill report was sent to Woodside Place from the maintenance department the first week of March, unfortunately it was too late to conduct another fire drill for the month of February to see where the problem arised. The maintenance team was educated at this time that when a fire drill goes over the 6 minute safe evacuation time, the maintenance director and administrator need notified immediately.
3. On March 13th, I placed a call to [redacted] our fire safety expert, to discuss options for a safe fire drill. Through this discussion, [redacted] stated that it sounded like things were done correctly but he could come in April to visually monitor a fire drill for the night team.
4. The administrator also placed a call to the Department of Human Services and spoke to Jon Kimberland for advice moving forward. Jon recommended to add a team member to the night shift. Effective March 21st, we added a temporary 5th person to the night shift.
5. On April 20th at 1:55am, the administrator and the director of maintenance ([redacted] had to cancel) came into Woodside Place for an announced fire drill to monitor. At this time, we asked the fifth person not to participate in the fire drill to see if there were processes that could be improved working with 4 people to do the drill. The drill took 7 minutes with 4 people. There were no processes that could be improved at this time. More assistance was needed to evacuate Residents.
6. After the drill, the administrator met with her supervisor and to get approval for a permanent 5th person for the night team. The team member is a blended role between a personal care attendant and a housekeeper. A job description was developed and approved on 7/18/18. A team member was hired on 9/7/18. Previous to this hire date, an agency team member filled this position to maintain 5 people per shift on nights.
7. On May 22, 2018 at 12:35am, another fire drill was held at Woodside Place with all 5 team members active in the fire drill. The fire drill was completed in 5 minutes and 53 seconds. Also on August 21, 2018 at 5:05am, a fire drill was conducted and successful with a time of 5 minutes and 45 seconds.

Immediately: A designated staff person shall review the fire drill records monthly to ensure all residents evacuate the entire building or to a fire-safe area designated in writing by a fire safety expert within the period of time specified in writing by the fire safety expert.

LM

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Melissa J Tomko

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

Melissa Tomko, Administrator

Date *12/28/18*

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The above plan of correction is approved as of

12/31/18
 (Date)

Plan of correction implementation status as of 12/31/18
 (Date)

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

The above plan of correction was approved by

LM
 (Initials)