



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAY 13 2019

Mr. Paul M. Winkler  
President/Chief Executive Officer  
Presbyterian Senior Care, Inc.  
1215 Hulton Road  
Oakmont, Pennsylvania 15139

RE: Westminster Place of Oakmont  
Certificate #: 429620

Dear Mr. Winkler:

As a result of the Department's Bureau of Human Services Licensing annual inspection on December 18, 2018, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report 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](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  
Violation Report

**VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: WESTMINSTER PLACE OF OAKMONT		License Number: 42962
Address: 1215 HULTON ROAD, OAKMONT, PA 15139		County: Allegheny
Administrator: Kathy Hammar		Region: WEST
Legal Entity Name: PRESBYTERIAN SENIOR CARE INC		
Legal Entity Address: 1215 HULTON ROAD, OAKMONT, PA 15139		
<b>Certificate(s) of Occupancy</b>		
I-2 07/07/2015 Borough of Oakmont	I-1 12/09/2011 Borough of Oakmont	
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 91	Waking Staff: 68
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 12/18/2018: Spagna, Lauren; Garrigan, Laurie; Mulick, Cindy		<b>RECEIVED</b>  1/9/2019  Western Region Field Office Bureau of Human Services Licensing
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 120 ✓ Number of Residents Served: 87 ✓ 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: 6 ✓ Number of Hospice Residents in past year: 10 ✓		<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 ✓ Are 60 Years of Age or Older: 87 ✓ Have Mental Illness: 0 ✓ Have an Intellectual Disability: 1 ✓ Have a Mobility Need: 4 ✓ Have a Physical Disability: 0 ✓

Violation Report: 42962 - 12/18/2018 - Spagna, Lauren  
 PCH Name: WESTMINSTER PLACE OF OAKMONT

**1. REGULATION 65 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 fire drill record for the drill conducted on 1/3/18 at 9:07 pm indicates 93 residents were present in the home at the time of the drill; however, only 8 residents evacuated.

**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.*

**Regulation 2600.132(c)**

The fire drill record for the drill conducted on 1/3/18 for number of residents evacuated was a documentation error. The number of staff participating in the drill was inadvertently copied in the box for the number of residents evacuated. The fire drill record for 1/3/18 has been corrected to update the total # of residents evacuated. (Exhibit "A")

The Fire Drill Report sheet used by the maintenance team to record information during fire drills has been revised to include the number of residents evacuated. (Exhibit "B")

The administrator will review the fire drill record at the monthly Safety Committee meetings for any discrepancies or corrective actions. (Exhibit "C")

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Kathy Hammar*

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

*Kathy Hammar, Administrator*

Date

*1-9-19*

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

The above plan of correction is approved as of

1/10/19  
(Date)

Plan of correction implementation status as of

1/10/19  
(Date)

The above plan of correction was approved by

*LM*  
(Initials)

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

Violation Report: 42962 - 12/18/2018 - Spagna, Lauren  
 PCH Name: WESTMINSTER PLACE OF OAKMONT

**1. REGULATION 55 Pa.Code §2600**

2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

**2a. DESCRIPTION OF VIOLATION**

Resident #1's support plan, dated 8/1/18, is not signed by the resident and does not indicate if the resident was unable to sign, refused to sign, declined to participate or was unable to participate.

Resident #2's support plan, dated 6/17/18, is not signed by the resident and does not indicate if the resident was unable to sign, refused to sign, declined to participate or was unable to participate.

**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.*

**Regulation 2600.227(5)**

The support plan for Resident # 1 was updated to reflect that she was unable to sign. (Exhibit "D")

Resident #2 support plan was updated as resident refused to sign. (Exhibit "E")

The Care Conference Summary Sheet has been revised to include reviewing the RASP/Support plan for resident signatures, noting if the resident is unable or refused to sign or unable or decline to participate. (Exhibit "F") The Social Services Coordinator will document findings accordingly. The Care Conference Nursing team was educated on the form changes. (Exhibit "G")

A random audit for missing resident signatures or notations was completed, noting no missing resident signatures or participation notations. The audit findings will be reviewed at the monthly Quality management meeting for any further recommendations. (Exhibit "H")

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Kathin Hammal*

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

*Kathin Hammal, Administrator*

Date

*1-9-19*

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

The above plan of correction is approved as of 1/10/19  
 (Date)

The above plan of correction was approved by

*[Signature]*  
 (Initials)

Plan of correction implementation status as of 1/10/19  
 (Date)

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